



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Republican Party of Wisconsin**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		433732.60
(b) Cash on Hand at Beginning of Reporting Period.....	372137.04	
(c) Total Receipts (from Line 19) .....	284134.84	606084.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	656271.88	1039817.23
7. Total Disbursements (from Line 31).....	257145.67	635690.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	399126.21	404126.87
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) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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 3X (Rev. 06/2004)

Write or Type Committee Name

**Republican Party of Wisconsin**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	14045.00	51810.00
(ii) Unitemized .....	95127.67	321908.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	109172.67	373718.42
(b) Political Party Committees .....	6100.00	6100.00
(c) Other Political Committees (such as PACs).....	136368.26	151368.26
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	251640.93	531186.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	12200.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	15037.13	21795.65
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	17456.78	40902.30
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	17456.78	40902.30
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	284134.84	606084.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	266678.06	565182.33

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	3080.63	7219.76
(ii) Non-Federal Share.....	17456.81	40911.86
(b) Other Federal Operating Expenditures .....	181542.72	409385.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	202080.16	457517.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	55065.51	178173.33
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	55065.51	178173.33
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	257145.67	635690.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	239688.86	594778.50

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	251640.93	531186.68
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	251640.93	531186.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	184623.35	416605.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	15037.13	21795.65
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	169586.22	394809.52

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

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

FOR LINE NUMBER: PAGE 6 OF 79  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. DANIEL L. GOELZER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5941 SEARL TERRACE  
 City State Zip Code  
 BETHESDA MD 20816-2022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BAKER AND MCKENZIE ATTORNEY  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.967739**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. JEFFREY GUBBINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18145 COOPERS LANE  
 City State Zip Code  
 BROOKFIELD WI 53045-6650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 XACT WIRE EDM CORP. OWNER/MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.969113**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. JAMES HANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 W 15TH AVE  
 City State Zip Code  
 OSHKOSH WI 54902-6546  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 230.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.969140**  
 Amount of Each Receipt this Period  
 180.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 680.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 79  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. WALTER H. CLAIBORNE III**  
 Mailing Address 14217 CLAIBORNE ROAD  
 City State Zip Code  
 BATCHELOR LA 70715-3514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF EMPLOYED REAL ESTATE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.968083**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. SUZANNE FIELD**  
 Mailing Address 1550 WISCONSIN DELLS PARKWAY  
 City State Zip Code  
 WISCONSIN DELLS WI 53965-8446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 DELLS DUCK TOURS OWNER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 03 / 2015  
**Transaction ID : SA11.968042**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. EDMUND BERGASSI**  
 Mailing Address 35 PORTMAN ROAD  
 City State Zip Code  
 NEW ROCHELLE NY 10801-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 BERGASSI GROUP, LLC MANAGER  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 04 / 2015  
**Transaction ID : SA11.968102**  
 Amount of Each Receipt this Period  
 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. FERENC KACSINTA**

Mailing Address **7323 CARTWRIGHT AVENUE**

City <b>SUN VALLEY</b>	State <b>CA</b>	Zip Code <b>91352-5107</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2015

**Transaction ID : SA11.968136**

Amount of Each Receipt this Period  

100.00
--------

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**B. DEAN F. WOLF**

Mailing Address **3108 CAMINO DE LA SIERRA**

City <b>ALBUQUERQUE</b>	State <b>NM</b>	Zip Code <b>87111-5604</b>
----------------------------	--------------------	-------------------------------

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

Name of Employer <b>LZ TECHNOLOGY</b>	Occupation <b>ENGINEER</b>
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2015

**Transaction ID : SA11.969338**

Amount of Each Receipt this Period  

110.00
--------

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. JOSEPH DANIELLO**

Mailing Address **1267 82ND STREET**

City <b>BROOKLYN</b>	State <b>NY</b>	Zip Code <b>11228-3019</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer <b>SELF EMPLOYED</b>	Occupation <b>PHYSICIAN</b>
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2015

**Transaction ID : SA11.968740**

Amount of Each Receipt this Period  

150.00
--------

**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>360.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 79  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. N CHRIS HINRICHS**

Mailing Address **703 MOYGARA ROAD**

City **MONONA**      State **WI**      Zip Code **53716-3405**

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

Name of Employer      Occupation  
**SELF EMPLOYED**      **EDUCATION**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**250.00**

Date of Receipt  
**03 / 06 / 2015**

**Transaction ID : SA11.968685**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. DAVID LIVI**

Mailing Address **5622 BRIAR DRIVE**

City **ORLANDO**      State **FL**      Zip Code **32819-7700**

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

Name of Employer      Occupation  
**SELF EMPLOYED**      **PHYSICIST**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**03 / 06 / 2015**

**Transaction ID : SA11.968716**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. RICHARD C. MARX**

Mailing Address **P.O. BOX 440**

City **WAPPINGERS FALLS**      State **NY**      Zip Code **12590-0440**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**210.00**

Date of Receipt  
**03 / 09 / 2015**

**Transaction ID : SA11.969043**

Amount of Each Receipt this Period  
**105.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **505.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 79
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. BOYD ELLESTAD</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : SA11.969352</b>
Mailing Address 30508 SANTA LUNA DR		Amount of Each Receipt this Period 100.00
City RANCHO PALOS VERDES	State CA	Zip Code 90275-6318
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CONTRIBUTION		

Full Name (Last, First, Middle Initial) <b>B. PATRICK ENGLISH</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : SA11.969407</b>
Mailing Address 1825 N 74TH STREET		Amount of Each Receipt this Period 5000.00
City WAUWATOSA	State WI	Zip Code 53213-2219
FEC ID number of contributing federal political committee.	C	
Name of Employer FIDUCIARY MANAGEMENT, INC.	Occupation INVESTMENTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
CONTRIBUTION		

Full Name (Last, First, Middle Initial) <b>C. FERENC KACSINTA</b>		Date of Receipt MM / DD / YYYY 03 / 10 / 2015 <b>Transaction ID : SA11.969050</b>
Mailing Address 7323 CARTWRIGHT AVENUE		Amount of Each Receipt this Period 300.00
City SUN VALLEY	State CA	Zip Code 91352-5107
FEC ID number of contributing federal political committee.	C	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
CONTRIBUTION		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 79  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. CHARLES MATTHEWS**

Mailing Address **321 GRAND AVENUE**

City **WAUKEGAN** State **IL** Zip Code **60085-4224**

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

Name of Employer **MATTHEWS PROFESSIONAL EMPLOYMENT** Occupation **PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2015**

**Transaction ID : SA11.969074**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. AUDREY MCCLELLAN**

Mailing Address **2009 N PARKER DRIVE**

City **JANESVILLE** State **WI** Zip Code **53545-0759**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 10 / 2015**

**Transaction ID : SA11.969490**

Amount of Each Receipt this Period  
**90.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. ROBERT MADDOX**

Mailing Address **13731 HICKMAN ROAD UNIT 3407**

City **URBANDALE** State **IA** Zip Code **50323-2199**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 11 / 2015**

**Transaction ID : SA11.968845**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **840.00**

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

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

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

FOR LINE NUMBER: PAGE 12 OF 79  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. RONALD SIX**

Mailing Address **2601 TOUCHMARK DR  
UNIT 325**

City **APPLETON** State **WI** Zip Code **54914-8790**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**03 / 17 / 2015**  
**Transaction ID : SA11.969891**

Amount of Each Receipt this Period  
**90.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MARY WUTKE**

Mailing Address **6 SHEFFORD CIRCLE**

City **MADISON** State **WI** Zip Code **53719-1415**

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

Name of Employer **SELF-EMPLOYED** Occupation **FINANCE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**03 / 17 / 2015**  
**Transaction ID : SA11.972134**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DANIEL HARTUNG**

Mailing Address **708 HEARTLAND TRAIL**

City **MADISON** State **WI** Zip Code **53717-2172**

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

Name of Employer **HARTING BROTHERS INC** Occupation **PRESIDENT**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**03 / 18 / 2015**  
**Transaction ID : SA11.970903**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **840.00**

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

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

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

FOR LINE NUMBER: PAGE 13 OF 79  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. HENRY KING**

Mailing Address P.O. BOX 3658

City State Zip Code  
CINCINNATI OH 45201-3658

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 18 / 2015  
**Transaction ID : SA11.970156**

Amount of Each Receipt this Period  
0.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KAREN E. COWAN**

Mailing Address 877 S 16TH CT  
B 4

City State Zip Code  
STURGEON BAY WI 54235-1500

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.969884**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MARY VAN LARE**

Mailing Address 2448 S 102ND ST

City State Zip Code  
MILWAUKEE WI 53227-2466

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.970049**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 79  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. ROBERT E. DUNLAP**

Mailing Address **847 FAIRVIEW DRIVE**

City **HARTFORD** State **WI** Zip Code **53027-2317**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**03 / 20 / 2015**  
**Transaction ID : SA11.969866**

Amount of Each Receipt this Period  
**150.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. EVERETT R. CASTLE JR.**

Mailing Address **6157 E SUNNY DRIVE**

City **TUCSON** State **AZ** Zip Code **85712-2339**

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

Name of Employer **SELF EMPLOYED** Occupation **DOCTOR**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**03 / 24 / 2015**  
**Transaction ID : SA11.970464**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. KIRBY CRAWFORD**

Mailing Address **1967 21 15/16 STREET**

City **RICE LAKE** State **WI** Zip Code **54868-8583**

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**03 / 24 / 2015**  
**Transaction ID : SA11.970411**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **650.00**

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

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

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

FOR LINE NUMBER: PAGE 15 OF 79  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. WILLIAM E. NICHOLS**

Mailing Address P.O. BOX 571

City State Zip Code  
SISTER BAY WI 54234-0571

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.970457**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. WILLIAM E. NICHOLS**

Mailing Address P.O. BOX 571

City State Zip Code  
SISTER BAY WI 54234-0571

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.970733**

Amount of Each Receipt this Period  
125.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. DALE A. NORDEEN**

Mailing Address 4206 YUMA DRIVE

City State Zip Code  
MADISON WI 53711-3058

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.970588**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

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

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

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

FOR LINE NUMBER: PAGE 16 OF 79  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MARY WUTKE**

Mailing Address **6 SHEFFORD CIRCLE**

City **MADISON** State **WI** Zip Code **53719-1415**

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

Name of Employer **SELF-EMPLOYED** Occupation **FINANCE**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**03 / 24 / 2015**  
**Transaction ID : SA11.972133**

Amount of Each Receipt this Period  
**250.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. KATHERINE ASPENSON**

Mailing Address **351 MASON STREET NW APT 316**

City **ONALASKA** State **WI** Zip Code **54650-7044**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
**03 / 27 / 2015**  
**Transaction ID : SA11.970435**

Amount of Each Receipt this Period  
**100.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. KATHERINE ASPENSON**

Mailing Address **351 MASON STREET NW APT 316**

City **ONALASKA** State **WI** Zip Code **54650-7044**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
**03 / 27 / 2015**  
**Transaction ID : SA11.970659**

Amount of Each Receipt this Period  
**200.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **550.00**

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

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

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

FOR LINE NUMBER: PAGE 17 OF 79  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. JOAN E. VOGES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11113 OBST ROAD  
 City RED BUD State IL Zip Code 62278-4225  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.970780**  
 Amount of Each Receipt this Period 125.00  
 CONTRIBUTION

**B. LUCIA B. WILSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 695 N BROOKFIELD RD APT 222  
 City BROOKFIELD State WI Zip Code 53045-5849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : SA11.970522**  
 Amount of Each Receipt this Period 350.00  
 CONTRIBUTION

**C. SUZANNE CHUHINKO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 E SNAPPER POINT DR  
 City KEY LARGO State FL Zip Code 33037-3787  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer RETIRED Occupation RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : SA11.971064**  
 Amount of Each Receipt this Period 650.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ► 1125.00  
**TOTAL** This Period (last page this line number only)..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 79
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A. BOYD ELLESTAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 30508 SANTA LUNA DR

City RANCHO PALOS VERDES State CA Zip Code 90275-6318

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.970967**

Amount of Each Receipt this Period  
50.00

CONTRIBUTION

**B. JOHN GUSSEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 245 CANYON RD

City WISCONSIN DELLS State WI Zip Code 53965-8468

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.972240**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C. MARJORIE R. LINDSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 10202 DUTCH IRIS DR

City BAKERSFIELD State CA Zip Code 93311-3770

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

Name of Employer RETIRED Occupation RETIRED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : SA11.971274**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 79  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. DAVID LIVI**

Mailing Address **5622 BRIAR DRIVE**

City **ORLANDO**      State **FL**      Zip Code **32819-7700**

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

Name of Employer      Occupation  
**SELF EMPLOYED**      **PHYSICIST**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.971556**

Amount of Each Receipt this Period  
**350.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. AUDREY MCCLELLAN**

Mailing Address **2009 N PARKER DRIVE**

City **JANESVILLE**      State **WI**      Zip Code **53545-0759**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**210.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.971481**

Amount of Each Receipt this Period  
**120.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. GERALD K. MCCOY**

Mailing Address **6945 WEST SURREY AVENUE**

City **PEORIA**      State **AZ**      Zip Code **85381-5011**

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**550.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.971337**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **970.00**

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

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

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

FOR LINE NUMBER: PAGE 20 OF 79  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. MARY NEWTON**

Mailing Address **607 E TAYLOR RUN PKWY**

City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314-4929</b>
---------------------------	--------------------	-------------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.971474**

Amount of Each Receipt this Period  
**225.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MR KENNETH SWEET**

Mailing Address **4045 S 54TH STREET**

City <b>MILWAUKEE</b>	State <b>WI</b>	Zip Code <b>53220-2613</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  
**03 / 31 / 2015**

**Transaction ID : SA11.971442**

Amount of Each Receipt this Period  
**75.00**

CONTRIBUTION

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

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) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>14045.00</b>

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

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

FOR LINE NUMBER: PAGE 21 OF 79  
(check only one)

<input type="checkbox"/> 11a	<input checked="" type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1885

FEC ID number of contributing federal political committee. **C** C00003418

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
18300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015

**Transaction ID : SA11.972490**

Amount of Each Receipt this Period  
6100.00

TRANSFER

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

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 79
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. 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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **126368.26**

Date of Receipt **03 / 10 / 2015**

**Transaction ID : SA11.972439**

Amount of Each Receipt this Period **126368.26**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. PROSPERITY ACTION INC PAC - FEDERAL**

Mailing Address **1006 PENDLETON STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314-1837**

FEC ID number of contributing federal political committee. **C C00377689**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **03 / 30 / 2015**

**Transaction ID : SA11.972441**

Amount of Each Receipt this Period **5000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MANITOWOC COMPANY POLITICAL ACTION COMMI**

Mailing Address **2400 SOUTH 44TH STREET  
PO BOX 66**

City **MANITOWOC** State **WI** Zip Code **54220-5846**

FEC ID number of contributing federal political committee. **C C00287847**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : SA11.972442**

Amount of Each Receipt this Period **5000.00**

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>136368.26</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>136368.26</b>

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

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

FOR LINE NUMBER: PAGE 23 OF 79  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. WEST BEND MUTUAL INSURANCE**

Mailing Address 1900 SOUTH 18TH AVE

City State Zip Code  
WEST BEND WI 53095-8796

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12024.00

Date of Receipt  
03 / 04 / 2015  
**Transaction ID : SA11.972443**

Amount of Each Receipt this Period  
6012.00

REFUND

Full Name (Last, First, Middle Initial)  
**B. WEST BEND MUTUAL INSURANCE**

Mailing Address 1900 SOUTH 18TH AVE

City State Zip Code  
WEST BEND WI 53095-8796

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12024.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : SA11.972440**

Amount of Each Receipt this Period  
6012.00

REFUND

Full Name (Last, First, Middle Initial)  
**C. RON JOHNSON FOR US SENATE**

Mailing Address 219 E WASHINGTON  
STE 101

City State Zip Code  
OSHKOSH WI 54901-5029

FEC ID number of contributing federal political committee. **C** C00482984

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4771.16

Date of Receipt  
03 / 30 / 2015  
**Transaction ID : SA11.972444**

Amount of Each Receipt this Period  
2771.16

RENT REIMBURSEMENT

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 14795.16

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

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

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

FOR LINE NUMBER: PAGE 24 OF 79  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Accountants World Payroll LLC**

Mailing Address 140 Fell Court

City Hauppauge State NY Zip Code 11788

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
241.97

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015

**Transaction ID : 042015A**

Amount of Each Receipt this Period  
241.97

Refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	241.97
<b>TOTAL</b> This Period (last page this line number only).....▶	15037.13

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : SB21B.I21501

Amount of Each Disbursement this Period

19.57

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST PUBLISHING & MAILING CORP**

Mailing Address 4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 02 / 2015

Transaction ID : SB21B.I21535

Amount of Each Disbursement this Period

7947.05

Full Name (Last, First, Middle Initial)

**C. BK-DSI, LLC**

Mailing Address 405 Doral Court

City WAUNAKEE State WI Zip Code 53597

Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : SB21B.I21528

Amount of Each Disbursement this Period

3480.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11446.62

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2015

Transaction ID : SB21B.I21490

Amount of Each Disbursement this Period

4.95
------

Full Name (Last, First, Middle Initial)

**B. THE TARRANCE GROUP, INC.**

Mailing Address 201 NORTH UNION STREET

City State Zip Code  
ALEXANDRIA VA 22314-2649

Purpose of Disbursement  
POLLING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2015

Transaction ID : SB21B.I21540

Amount of Each Disbursement this Period

19000.00
----------

Full Name (Last, First, Middle Initial)

**C. BMO HARRIS BANK**

Mailing Address 770 N WATER STREET

City State Zip Code  
MILWAUKEE WI 53201

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2015

Transaction ID : SB21B.I21478

Amount of Each Disbursement this Period

490.66
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

19495.61
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21B.I21489

Amount of Each Disbursement this Period

4.15

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 04 / 2015

Transaction ID : SB21B.I21503

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 05 / 2015

Transaction ID : SB21B.I21487

Amount of Each Disbursement this Period

1.72

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

34.87

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	06	/	2015

Transaction ID : SB21B.I21494

Amount of Each Disbursement this Period

8.40
------

Full Name (Last, First, Middle Initial)

**B. AMERICA RISING, LLC**

Mailing Address 1555 WILSON BOULEVARD

City ARLINGTON State VA Zip Code 22209

Purpose of Disbursement  
RESEARCH SERVICES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SB21B.I21524

Amount of Each Disbursement this Period

15000.00
----------

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	09	/	2015

Transaction ID : SB21B.I21511

Amount of Each Disbursement this Period

57.70
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

15066.10
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. BANCARD/FIS MERCHANT SERVICES**

Mailing Address 11000 W LAKE PARK DRIVE

City MILWAUKEE State WI Zip Code 53224

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2015

Transaction ID : SB21B.I21484

Amount of Each Disbursement this Period

684.87

**B. CITY TREASURER - WATER/SEWER**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 2997

City MADISON State WI Zip Code 53701

Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2015

Transaction ID : SB21B.I21522

Amount of Each Disbursement this Period

175.51

**C. DAN MORSE CONSULTING LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 5205 BARTON ROAD

City MADISON State WI Zip Code 53711

Purpose of Disbursement  
FUNDRAISING CONSULTANT

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2015

Transaction ID : SB21B.I21515

Amount of Each Disbursement this Period

82000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

82860.38

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2015

Transaction ID : SB21B.I21504

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 10 / 2015

Transaction ID : SB21B.I21509

Amount of Each Disbursement this Period

29.48

Full Name (Last, First, Middle Initial)

**C. BMO HARRIS BANK**

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 11 / 2015

Transaction ID : SB21B.I21476

Amount of Each Disbursement this Period

12.08

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

70.56

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

### A. BMO HARRIS BANK

Mailing Address 770 N WATER STREET

City MILWAUKEE State WI Zip Code 53201

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SB21B.I21477

Amount of Each Disbursement this Period

174.72

### B. PIRYX

Full Name (Last, First, Middle Initial)

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2015

Transaction ID : SB21B.I21497

Amount of Each Disbursement this Period

10.99

### C. PIRYX

Full Name (Last, First, Middle Initial)

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 12 / 2015

Transaction ID : SB21B.I21492

Amount of Each Disbursement this Period

6.67

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

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

192.38

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2015

Transaction ID : SB21B.I21495

Amount of Each Disbursement this Period

10.54
-------

Full Name (Last, First, Middle Initial)

**B. SOUTHWEST PUBLISHING & MAILING CORP**

Mailing Address 4000 SE ADAMS STREET

City State Zip Code  
TOPEKA KS 66609

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	13	/	2015

Transaction ID : SB21B.I21534

Amount of Each Disbursement this Period

1988.66
---------

Full Name (Last, First, Middle Initial)

**C. ASPECT CONSULTING, LLC**

Mailing Address 8401 EXCELSIOR DRIVE

City State Zip Code  
MADISON WI 53717

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	16	/	2015

Transaction ID : SB21B.I21479

Amount of Each Disbursement this Period

6000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7999.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. HEINZEN PRINTING INC.**

Mailing Address P.O. BOX 267

City MARSHFIELD State WI Zip Code 54449-0267

Purpose of Disbursement  
PRINTING NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : **SB21B.I21520**

Amount of Each Disbursement this Period

1356.73

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. INSTY PRINTS**

Mailing Address 1112 S PARK ST

City MADISON State WI Zip Code 53715

Purpose of Disbursement  
PRINTING NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : **SB21B.I21521**

Amount of Each Disbursement this Period

306.05

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. LIND WEININGER LLC**

Mailing Address 8020 EXCELSIOR DRIVE #402

City MADISON State WI Zip Code 53717

Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : **SB21B.I21516**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2662.78

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

## A. PITNEY BOWES CREDIT CORPORATION

Mailing Address P.O. BOX 371887

City State Zip Code  
PITTSBURGH PA 15250

Purpose of Disbursement  
FINANCE FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : SB21B.I21532

Amount of Each Disbursement this Period

48.28

Full Name (Last, First, Middle Initial)

## B. STEVE BROWN DIRECT MAIL

Mailing Address 3864 W MILLERS BRIDGE ROAD

City State Zip Code  
TALLAHASSEE FL 32312

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 16 / 2015

Transaction ID : SB21B.I21538

Amount of Each Disbursement this Period

1366.42

Full Name (Last, First, Middle Initial)

## C. AMERICAN LIBERTY GROUP

Mailing Address 611 PENNSYLVANIA AVENUE SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
FUNDRAISING - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 17 / 2015

Transaction ID : SB21B.I21527

Amount of Each Disbursement this Period

2650.96

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

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

4065.66

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

Transaction ID : SB21B.I21496

Amount of Each Disbursement this Period

1	0	.	8	2
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. PUSH DIGITAL**

Mailing Address P.O. BOX 7431

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	1	5

Transaction ID : SB21B.I21514

Amount of Each Disbursement this Period

1	7	5	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	5

Transaction ID : SB21B.I21491

Amount of Each Disbursement this Period

4	.	9	9
---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	7	5	.	8	1
---	---	---	---	---	---

1	7	5	.	8	1
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I21488**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I21499**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.I21502**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

### A. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 23 / 2015

Transaction ID : SB21B.I21505

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

### B. PIRYX

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 24 / 2015

Transaction ID : SB21B.I21510

Amount of Each Disbursement this Period

44.48

Full Name (Last, First, Middle Initial)

### C. AMERICAN LIBERTY GROUP

Mailing Address 611 PENNSYLVANIA AVENUE SE

City State Zip Code  
WASHINGTON DC 20003

Purpose of Disbursement  
FUNDRAISING - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2015

Transaction ID : SB21B.I21526

Amount of Each Disbursement this Period

1991.66

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

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

2065.14

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	25	/	2015

Transaction ID : SB21B.I21500

Amount of Each Disbursement this Period

13.00
-------

Full Name (Last, First, Middle Initial)

**B. HEINZEN PRINTING INC.**

Mailing Address P.O. BOX 267

City State Zip Code  
MARSHFIELD WI 54449-0267

Purpose of Disbursement  
PRINTING NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

Transaction ID : SB21B.I21519

Amount of Each Disbursement this Period

1152.07
---------

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2015

Transaction ID : SB21B.I21498

Amount of Each Disbursement this Period

11.60
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1176.67
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. TDS - MADISON 5590**

Mailing Address P.O. BOX 94510

City PALATINE State IL Zip Code 60094

Purpose of Disbursement  
OFFICE PHONES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2015

**Transaction ID : SB21B.I21518**

Amount of Each Disbursement this Period

346.16

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. CAMPAIGN NOW**

Mailing Address 1126 S 70TH ST

City MILWAUKEE State WI Zip Code 53214

Purpose of Disbursement  
EMAIL SERVICES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

**Transaction ID : SB21B.I21513**

Amount of Each Disbursement this Period

154.56

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. CLOCKWORK SYSTEMS**

Mailing Address 6001 GLOSTER ROAD

City BETHESDA State MD Zip Code 20816

Purpose of Disbursement  
DATA SOLUTIONS

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

**Transaction ID : SB21B.I21530**

Amount of Each Disbursement this Period

483.78

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

984.50

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. FLS CONNECT**

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST. PAUL State MN Zip Code 55128-7143

Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SB21B.I21480

Amount of Each Disbursement this Period

4.74
------

Full Name (Last, First, Middle Initial)

**B. FLS CONNECT**

Mailing Address 7300 HUDSON BLVD, SUITE 270

City ST. PAUL State MN Zip Code 55128-7143

Purpose of Disbursement  
CONFERENCE CALLS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SB21B.I21481

Amount of Each Disbursement this Period

211.39
--------

Full Name (Last, First, Middle Initial)

**C. PINNACLE LIST COMPANY**

Mailing Address 2800 SHIRLINGTON ROAD

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2015

Transaction ID : SB21B.I21531

Amount of Each Disbursement this Period

3728.44
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3944.57
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SB21B.I21486

Amount of Each Disbursement this Period

1.60

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SB21B.I21506

Amount of Each Disbursement this Period

29.00

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SB21B.I21507

Amount of Each Disbursement this Period

29.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

59.60

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST PUBLISHING & MAILING CORP**

Mailing Address 4000 SE ADAMS STREET

City TOPEKA State KS Zip Code 66609

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SB21B.I21536

Amount of Each Disbursement this Period

14604.55

Full Name (Last, First, Middle Initial)

**B. STEVE BROWN DIRECT MAIL**

Mailing Address 3864 W MILLERS BRIDGE ROAD

City TALLAHASSEE State FL Zip Code 32312

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SB21B.I21539

Amount of Each Disbursement this Period

7804.41

Full Name (Last, First, Middle Initial)

**C. WILAND DIRECT INC.**

Mailing Address P.O. BOX 174480

City DENVER State CO Zip Code 80217

Purpose of Disbursement  
LIST RENTAL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2015

Transaction ID : SB21B.I21517

Amount of Each Disbursement this Period

1127.26

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

23536.22

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. AMERICAN LIBERTY GROUP**

Mailing Address 611 PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
FUNDRAISING - NOT FEA

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : SB21B.I21525

Amount of Each Disbursement this Period

1211.76

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : SB21B.I21493

Amount of Each Disbursement this Period

7.40

Full Name (Last, First, Middle Initial)

**C. PIRYX**

Mailing Address 85 NATOMA STREET

City SAN FRANCISCO State CA Zip Code 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 30 / 2015

Transaction ID : SB21B.I21508

Amount of Each Disbursement this Period

29.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1248.16

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CLOCKWORK SYSTEMS**

Mailing Address 6001 GLOSTER ROAD

City State Zip Code  
BETHESDA MD 20816

Purpose of Disbursement  
DATA SOLUTIONS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB21B.I21529

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**B. PIRYX**

Mailing Address 85 NATOMA STREET

City State Zip Code  
SAN FRANCISCO CA 94105

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB21B.I21512

Amount of Each Disbursement this Period

127.40

Full Name (Last, First, Middle Initial)

**C. SOUTHWEST PUBLISHING & MAILING CORP**

Mailing Address 4000 SE ADAMS STREET

City State Zip Code  
TOPEKA KS 66609

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB21B.I21533

Amount of Each Disbursement this Period

814.86

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1292.26

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. STEVE BROWN DIRECT MAIL**

Mailing Address 3864 W MILLERS BRIDGE ROAD

City TALLAHASSEE State FL Zip Code 32312

Purpose of Disbursement  
DIRECT MAIL - NOT FEA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB21B.I21537

Amount of Each Disbursement this Period

1358.06

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1358.06

181365.15

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ACCOUNTANTS WORLD PAYROLL LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2015

Mailing Address 140 FELL COURT

**Transaction ID : SB30B.I21581**

City State Zip Code  
HAUPPAUGE NY 11788

Amount of Each Disbursement this Period

0.66
------

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Category/ Type
-------------------

Candidate Name

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

Full Name (Last, First, Middle Initial)

**B. AMERICAN FUNDS SERVICE COMPANY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2015

Mailing Address BOX 6164

**Transaction ID : SB30B.I21591**

City State Zip Code  
INDIANAPOLIS IN 46206-6164

Amount of Each Disbursement this Period

0.96
------

Purpose of Disbursement  
EMPLOYEE SIMPLE IRA

Category/ Type
-------------------

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C. AMERICAN FUNDS SERVICE COMPANY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2015

Mailing Address BOX 6164

**Transaction ID : SB30B.I21592**

City State Zip Code  
INDIANAPOLIS IN 46206-6164

Amount of Each Disbursement this Period

15.55
-------

Purpose of Disbursement  
EMPLOYEE SIMPLE IRA

Category/ Type
-------------------

Candidate Name

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

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

17.17
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ASSURANT EMPLOYEE BENEFITS**

Mailing Address P.O. BOX 807009

City KANSAS CITY State MO Zip Code 64184

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : SB30B.I21597

Amount of Each Disbursement this Period

1121.04

Full Name (Last, First, Middle Initial)

**B. DEAN CARE**

Mailing Address P.O. BOX 673111

City CHICAGO State IL Zip Code 60695

Purpose of Disbursement  
DENTAL INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : SB30B.I21598

Amount of Each Disbursement this Period

2613.87

Full Name (Last, First, Middle Initial)

**C. DELTA DENTAL**

Mailing Address P.O. BOX 828

City STEVENS POINT State WI Zip Code 54481

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2015

Transaction ID : SB30B.I21600

Amount of Each Disbursement this Period

314.65

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4049.56

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. EMPLOYEE BENEFITS CORPORATION**

Mailing Address P.O. BOX 44347

City MADISON State WI Zip Code 53744-4347

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 05 / 2015

Transaction ID : SB30B.I21604

Amount of Each Disbursement this Period

1317.49

Full Name (Last, First, Middle Initial)

**B. EMPLOYEE BENEFITS CORPORATION**

Mailing Address P.O. BOX 44347

City MADISON State WI Zip Code 53744-4347

Purpose of Disbursement  
EMPLOYEE BENEFITS

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : SB30B.I21602

Amount of Each Disbursement this Period

44.90

Full Name (Last, First, Middle Initial)

**C. ZACHARY BROWN**

Mailing Address 10 TURNWOOD CIRCLE

City VERONA State WI Zip Code 53593

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 13 / 2015

Transaction ID : SB30B.I21580

Amount of Each Disbursement this Period

147.19

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1509.58

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. RICHARD DICKIE**

Mailing Address 126 N. BLAIR ST. #1

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21576**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JOSEPH FADNESS**

Mailing Address 9506 S RYAN GREEN CT

City FRANKLIN State WI Zip Code 53132-2237

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21564**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JOHN FOSTER**

Mailing Address 2416 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21562**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

### A. BEN GILES

Mailing Address 1510 TRIPP CIRCLE

City MADISON State WI Zip Code 53706

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB30B.I21545

Amount of Each Disbursement this Period

363.87

Full Name (Last, First, Middle Initial)

### B. MARTHA GRAVLEE

Mailing Address 2907 BIG TIMBER CIRCLE

City SUAMICO State WI Zip Code 54313

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB30B.I21571

Amount of Each Disbursement this Period

1315.48

Full Name (Last, First, Middle Initial)

### C. MARTHA GRAVLEE

Mailing Address 2907 BIG TIMBER CIRCLE

City SUAMICO State WI Zip Code 54313

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 13 / 2015

Transaction ID : SB30B.I21572

Amount of Each Disbursement this Period

81.60

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

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

1760.95

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21606**

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. AMY HASENBERG**

Mailing Address 217 S MILLS STREET

City State Zip Code  
MADISON WI 53715

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21544**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BENJAMIN HEATH**

Mailing Address 3301 OAK KNOLL DRIVE

City State Zip Code  
EAU CLAIRE WI 54701

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21547**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DONNA HEIMBACH**

Mailing Address 3002 DIANNE DRIVE

City MIDDLETON State WI Zip Code 53562-2425

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21556

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. LARRY LOOMIS**

Mailing Address 762 BRIAR LN

City BELOIT State WI Zip Code 53511

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21568

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ALEXANDER MANDRY**

Mailing Address 513 LEWIS STREET

City BURLINGTO State WI Zip Code 53105

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21541

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CHRISTOPHER MARTIN**

Mailing Address 100 CORRINA BOULEVARD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2015

Transaction ID : SB30B.I21554

Amount of Each Disbursement this Period

1530.64
---------

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER MARTIN**

Mailing Address 100 CORRINA BOULEVARD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		13		2015

Transaction ID : SB30B.I21555

Amount of Each Disbursement this Period

66.99
-------

Full Name (Last, First, Middle Initial)

**C. GLASS NICKEL PIZZA**

Mailing Address 2916 ATWOOD AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		06		2015

Transaction ID : SB30B.I21608

Amount of Each Disbursement this Period

66.99
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[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1597.63
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. RAMON ORTIZ**

Mailing Address 5110 CAMDEN ROAD

City MADISON State WI Zip Code 53716

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21573

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. SCOTT POOLE**

Mailing Address 1528 SELLERY STREET

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21577

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JAMES SAPP**

Mailing Address 134 FALLING WATERS LANE

City MAYLENE State AL Zip Code 35114

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21559

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JAMES SAPP**

Mailing Address 134 FALLING WATERS LANE

City MAYLENE State AL Zip Code 35114

Purpose of Disbursement  
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21560

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. MILEAGE**

Mailing Address

City State Zip Code

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21607

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. CARL STOLTE**

Mailing Address 3519 ROMA LANE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21549

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JOSHUA WILSON**

Mailing Address 641 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21567

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21582

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21584

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30B.I21586**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30B.I21589**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. AMERICAN FUNDS SERVICE COMPANY**

Mailing Address BOX 6164

City INDIANAPOLIS State IN Zip Code 46206-6164

Purpose of Disbursement  
EMPLOYEE SIMPLE IRA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB30B.I21593**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. AMERICAN FUNDS SERVICE COMPANY**

Mailing Address **BOX 6164**

City **INDIANAPOLIS** State **IN** Zip Code **46206-6164**

Purpose of Disbursement  
**EMPLOYEE SIMPLE IRA**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21595**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. DEAN CARE**

Mailing Address **P.O. BOX 673111**

City **CHICAGO** State **IL** Zip Code **60695**

Purpose of Disbursement  
**DENTAL INSURANCE**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21599**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. EMPLOYEE BENEFITS CORPORATION**

Mailing Address **P.O. BOX 44347**

City **MADISON** State **WI** Zip Code **53744-4347**

Purpose of Disbursement  
**EMPLOYEE BENEFITS**

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21603**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DELTA DENTAL**

Mailing Address P.O. BOX 828

City State Zip Code  
STEVENS POINT WI 54481

Purpose of Disbursement  
HEALTH INSURANCE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	27	/	2015

Transaction ID : **SB30B.I21601**

Amount of Each Disbursement this Period

314.65
--------

Full Name (Last, First, Middle Initial)

**B. ZACHARY BROWN**

Mailing Address 10 TURNWOOD CIRCLE

City State Zip Code  
VERONA WI 53593

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : **SB30B.I21579**

Amount of Each Disbursement this Period

1.51
------

Full Name (Last, First, Middle Initial)

**C. RICHARD DICKIE**

Mailing Address 126 N. BLAIR ST. #1

City State Zip Code  
MADISON WI 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : **SB30B.I21575**

Amount of Each Disbursement this Period

1160.66
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1476.82
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. JOSEPH FADNESS**

Mailing Address 9506 S RYAN GREEN CT

City FRANKLIN State WI Zip Code 53132-2237

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21565

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JOHN FOSTER**

Mailing Address 2416 E WASHINGTON AVENUE

City MADISON State WI Zip Code 53704

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21563

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BEN GILES**

Mailing Address 1510 TRIPP CIRCLE

City MADISON State WI Zip Code 53706

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : SB30B.I21546

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. MARTHA GRAVLEE**

Mailing Address 2907 BIG TIMBER CIRCLE

City SUAMICO State WI Zip Code 54313

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21570**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. AMY HASENBERG**

Mailing Address 217 S MILLS STREET

City MADISON State WI Zip Code 53715

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21543**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. BENJAMIN HEATH**

Mailing Address 3301 OAK KNOLL DRIVE

City EAU CLAIRE State WI Zip Code 54701

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21548**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. DONNA HEIMBACH**

Mailing Address 3002 DIANNE DRIVE

City MIDDLETON State WI Zip Code 53562-2425

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB30B.I21557

Amount of Each Disbursement this Period

736.01

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER JENKYNs**

Mailing Address 463 PARK PLACE

City KEWASKUM State WI Zip Code 53040

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB30B.I21552

Amount of Each Disbursement this Period

1091.20

Full Name (Last, First, Middle Initial)

**C. LARRY LOOMIS**

Mailing Address 762 BRIAR LN

City BELOIT State WI Zip Code 53511

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB30B.I21569

Amount of Each Disbursement this Period

455.35

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2282.56

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ALEXANDER MANDRY**

Mailing Address 513 LEWIS STREET

City BURLINGTO State WI Zip Code 53105

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : SB30B.I21542

Amount of Each Disbursement this Period

362.42
--------

Full Name (Last, First, Middle Initial)

**B. CHRISTOPHER MARTIN**

Mailing Address 100 CORRINA BOULEVARD

City WAUKESHA State WI Zip Code 53186

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : SB30B.I21553

Amount of Each Disbursement this Period

1530.64
---------

Full Name (Last, First, Middle Initial)

**C. RAMON ORTIZ**

Mailing Address 5110 CAMDEN ROAD

City MADISON State WI Zip Code 53716

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : SB30B.I21574

Amount of Each Disbursement this Period

247.33
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2140.39
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. SCOTT POOLE**

Mailing Address 1528 SELLERY STREET

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21578**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JASON RECTOR**

Mailing Address 1902 40TH AVENUE

City OSCEOLA State WI Zip Code 54020

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21561**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. JAMES SAPP**

Mailing Address 134 FALLING WATERS LANE

City MAYLENE State AL Zip Code 35114

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21558**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. CARL STOLTE**

Mailing Address 3519 ROMA LANE

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21550**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. JOSHUA WILSON**

Mailing Address 641 W. MAIN STREET

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21566**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB30B.I21583**

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL PROCESSING FEE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : SB30B.I21585

Amount of Each Disbursement this Period

86.00
-------

Full Name (Last, First, Middle Initial)

**B. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : SB30B.I21587

Amount of Each Disbursement this Period

150.67
--------

Full Name (Last, First, Middle Initial)

**C. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City HAUPPAUGE State NY Zip Code 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2015

Transaction ID : SB30B.I21588

Amount of Each Disbursement this Period

990.33
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1227.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of Wisconsin**

Full Name (Last, First, Middle Initial)

**A. ACCOUNTANTS WORLD PAYROLL LLC**

Mailing Address 140 FELL COURT

City State Zip Code  
HAUPPAUGE NY 11788

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB30B.I21590

Amount of Each Disbursement this Period

5664.47

Full Name (Last, First, Middle Initial)

**B. AMERICAN FUNDS SERVICE COMPANY**

Mailing Address BOX 6164

City State Zip Code  
INDIANAPOLIS IN 46206-6164

Purpose of Disbursement  
EMPLOYEE SIMPLE IRA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB30B.I21594

Amount of Each Disbursement this Period

96.16

Full Name (Last, First, Middle Initial)

**C. AMERICAN FUNDS SERVICE COMPANY**

Mailing Address BOX 6164

City State Zip Code  
INDIANAPOLIS IN 46206-6164

Purpose of Disbursement  
EMPLOYEE SIMPLE IRA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB30B.I21596

Amount of Each Disbursement this Period

131.27

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5891.90

54965.35

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)  
 Republican Party of Wisconsin

Transaction ID : MCW041715B

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check   
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %  
 Nonfederal .....  %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Republican Party of Wisconsin - State Account	MM / DD / YYYY 03 / 10 / 2015	5999.25

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	5999.25
<b>Transaction ID : 041715A</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Republican Party of Wisconsin - State Account	MM / DD / YYYY 03 / 16 / 2015	9751.42

**BREAKDOWN OF TRANSFER RECEIVED**

<b>i) Total Administrative</b> .....	9751.42
<b>Transaction ID : 041715AA</b>	
<b>ii) Generic Voter Drive</b> .....	
<b>iii) Exempt Activities</b> .....	
<b>iv) Direct Fundraising (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
<b>v) Direct Candidate Support (List Activity or Event Identifier)</b>	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
<b>vi) Public Communications Referring Only to Party (Made by PAC)</b> .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	
<b>TOTAL</b> This Period (Generic Voter Drive) .....	
<b>TOTAL</b> This Period (Exempt Activities) .....	
<b>TOTAL</b> This Period (Direct Fundraising) .....	
<b>TOTAL</b> This Period (Direct Candidate Support) .....	
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	
<b>TOTAL</b> This Period (Total Amount Transferred).....	

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

NAME OF ACCOUNT Republican Party of Wisconsin - State Account	DATE OF RECEIPT MM / DD / YYYY 03 / 27 / 2015	TOTAL AMOUNT TRANSFERRED 1706.11
--	---	-------------------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

i) <b>Total Administrative</b> .....	1706.11
<b>Transaction ID : 041715B</b>	
ii) <b>Generic Voter Drive</b> .....	
iii) <b>Exempt Activities</b> .....	
iv) <b>Direct Fundraising</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Fundraising .....	
v) <b>Direct Candidate Support</b> (List Activity or Event Identifier)	
a) _____	
b) _____	
c) Total Amount Transferred For Direct Candidate Support.....	
vi) <b>Public Communications Referring Only to Party</b> (Made by PAC) .....	

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

<b>TOTAL</b> This Period (Administrative) .....	17456.78
<b>TOTAL</b> This Period (Generic Voter Drive) .....	0.00
<b>TOTAL</b> This Period (Exempt Activities) .....	0.00
<b>TOTAL</b> This Period (Direct Fundraising) .....	0.00
<b>TOTAL</b> This Period (Direct Candidate Support) .....	0.00
<b>TOTAL</b> This Period (Public Communications Referring Only to Party) .....	0.00
<b>TOTAL</b> This Period (Total Amount Transferred).....	17456.78

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Form A: Action Lock and Security Systems. Transaction ID: 041715C. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Building Maintenance), Allocated Activity (Administrative checked), Year-To-Date (25521.09), Date (03/16/2015), and a summary table showing Federal Share (81.02), NonFederal Share (459.14), and Total Amount (540.16).

Form B: Advanced Disposal - Madison. Transaction ID: 041715D. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Waste Removal), Allocated Activity (Administrative checked), Year-To-Date (25745.81), Date (03/16/2015), and a summary table showing Federal Share (33.71), NonFederal Share (191.01), and Total Amount (224.72).

Form C: Badgerland Chemical & Supply. Transaction ID: 041715E. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Cleaning Supplies), Allocated Activity (Administrative checked), Year-To-Date (25837.71), Date (03/10/2015), and a summary table showing Federal Share (13.79), NonFederal Share (78.12), and Total Amount (91.90).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (128.52) + NONFEDERAL SHARE (728.27) = TOTAL AMOUNT (856.78)

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 041715I</b> City Treasurer - Water/Sewer		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 2997		Allocated Activity or Event Year-To-Date 26913.62	
City Madison State WI Zip Code 53701	Category/ Type	Date 03 / 27 / 2015	
Purpose of Disbursement: Utilities Activity or Event Identifier:		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 12.97 + 73.49 = 86.46	

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 041715J</b> Coca Cola Enterprises		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2335 Paysphere Circle		Allocated Activity or Event Year-To-Date 26934.72	
City Chicago State IL Zip Code 60674	Category/ Type	Date 03 / 10 / 2015	
Purpose of Disbursement: Office Soda Activity or Event Identifier:		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 3.17 + 17.94 = 21.10	

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 041715K</b> Coca Cola Enterprises		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2335 Paysphere Circle		Allocated Activity or Event Year-To-Date 27069.59	
City Chicago State IL Zip Code 60674	Category/ Type	Date 03 / 16 / 2015	
Purpose of Disbursement: Office Soda Activity or Event Identifier:		FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT 20.23 + 114.64 = 134.87	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
36.37		206.07		242.43

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) <b>Coca Cola Enterprises</b>		Transaction ID : <b>041715L</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2335 Paysphere Circle			Allocated Activity or Event Year-To-Date 27090.69	
City Chicago	State IL	Zip Code 60674	Date <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Office Soda		Category/ Type	Date <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	
3.17			17.94	
		=	TOTAL AMOUNT	
			21.10	

B. Full Name (Last, First, Middle Initial) <b>Easy Permit Postage Pitney Bowes</b>		Transaction ID : <b>041715M</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 371874			Allocated Activity or Event Year-To-Date 36386.52	
City Pittsburgh	State PA	Zip Code 15250	Date <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Postage for Meter		Category/ Type	Date <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2015"/>	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	
1394.37			7901.46	
		=	TOTAL AMOUNT	
			9295.83	

C. Full Name (Last, First, Middle Initial) <b>Impact Acquisitions LLC</b>		Transaction ID : <b>041715N</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 75 Remittance Drive			Allocated Activity or Event Year-To-Date 36734.16	
City Chicago	State IL	Zip Code 60675	Date <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>	
Purpose of Disbursement: Copier Lease		Category/ Type	Date <input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2015"/>	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	
52.15			295.49	
		=	TOTAL AMOUNT	
			347.64	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1449.69		8214.89		9664.57

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Form A: Full Name (Last, First, Middle Initial) Insty Prints, Transaction ID : 0417150, Allocated Activity or Event: Administrative, Date: 03/10/2015, Total Amount: 522.77

Form B: Full Name (Last, First, Middle Initial) Konica Minolta Premier Postage, Transaction ID : 041715P, Allocated Activity or Event: Administrative, Date: 03/10/2015, Total Amount: 2785.53

Form C: Full Name (Last, First, Middle Initial) MG&E, Transaction ID : 041715Q, Allocated Activity or Event: Administrative, Date: 03/10/2015, Total Amount: 1148.10

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 668.47, 3787.94, 4456.40

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: [Empty], [Empty], [Empty]

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

Form A: Nestle Pure Life, Transaction ID: 041715R. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Office Water), Allocated Activity (Administrative checked), and Year-To-Date amount (41192.65).

Form B: Nestle Pure Life, Transaction ID: 041715S. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Office Water), Allocated Activity (Administrative checked), and Year-To-Date amount (41218.30).

Form C: Pro One Janitorial Inc, Transaction ID: 041715T. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement (Janitorial Services), Allocated Activity (Administrative checked), and Year-To-Date amount (41718.30).

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Summary table for subtotal: FEDERAL SHARE (79.16) + NONFEDERAL SHARE (448.58) = TOTAL AMOUNT (527.74)

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Summary table for total: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) <b>Pro One Janitorial Inc</b>		Transaction ID : <b>041715U</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1101 Ashwaubenon St.			Allocated Activity or Event Year-To-Date 42218.30	
City Green Bay	State WI	Zip Code 54304	Date 03 / 27 / 2015	
Purpose of Disbursement: Janitorial Services		Category/ Type	Date	
Activity or Event Identifier:			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	
75.00			425.00	
		=	TOTAL AMOUNT	
			500.00	

B. Full Name (Last, First, Middle Initial) <b>TDS - Madison</b>		Transaction ID : <b>041715V</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 94510			Allocated Activity or Event Year-To-Date 42559.20	
City Palatine	State IL	Zip Code 60094	Date 03 / 10 / 2015	
Purpose of Disbursement: Office Phones		Category/ Type	Date	
Activity or Event Identifier:			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	
51.14			289.77	
		=	TOTAL AMOUNT	
			340.90	

C. Full Name (Last, First, Middle Initial) <b>TDS Metrocom</b>		Transaction ID : <b>041715W</b>	Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 94510			Allocated Activity or Event Year-To-Date 43841.56	
City Palatine	State IL	Zip Code 60094	Date 03 / 10 / 2015	
Purpose of Disbursement: Office Phones		Category/ Type	Date	
Activity or Event Identifier:			Date	
FEDERAL SHARE		+	NONFEDERAL SHARE	
192.35			1090.01	
		=	TOTAL AMOUNT	
			1282.36	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
318.49		1804.78		2123.26

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial) Transaction ID : 041715X</b> <b>TDS Metrocom</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 94510		Allocated Activity or Event Year-To-Date 44206.24	
City Palatine State IL Zip Code 60094	Date MM / DD / YYYY 03 / 16 / 2015		
Purpose of Disbursement: Office Phones	Category/Type	Allocated Activity or Event Year-To-Date 44206.24	
Activity or Event Identifier:	Date MM / DD / YYYY 03 / 16 / 2015		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
54.70 + 309.98 = 364.68			

<b>B. Full Name (Last, First, Middle Initial) Transaction ID : 041715Y</b> <b>TDS Metrocom</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 94510		Allocated Activity or Event Year-To-Date 45502.77	
City Palatine State IL Zip Code 60094	Date MM / DD / YYYY 03 / 27 / 2015		
Purpose of Disbursement: Office Phones	Category/Type	Allocated Activity or Event Year-To-Date 45502.77	
Activity or Event Identifier:	Date MM / DD / YYYY 03 / 27 / 2015		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
194.48 + 1102.05 = 1296.53			

<b>C. Full Name (Last, First, Middle Initial) Transaction ID : 041715Z</b> <b>Verizon Wireless</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 25505		Allocated Activity or Event Year-To-Date 45518.32	
City Lehigh Valley State PA Zip Code 18002	Date MM / DD / YYYY 03 / 10 / 2015		
Purpose of Disbursement: Wireless internet	Category/Type	Allocated Activity or Event Year-To-Date 45518.32	
Activity or Event Identifier:	Date MM / DD / YYYY 03 / 10 / 2015		
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT			
2.33 + 13.22 = 15.55			

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
251.51		1425.25		1676.76

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
3080.63	17456.81	20537.39