

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

TOFT FOR CONGRESS

ADDRESS (number and street)

PO BOX 68



Check if different than previously reported. (ACC)

OSSEO

WI

53758

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00658807

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

WI

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

01

Y Y Y Y

2018

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

LIND, KATE, , ,

Type or Print Name of Treasurer

Signature of Treasurer

LIND, KATE, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

14

Y Y Y Y

2018

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 47

Write or Type Committee Name
TOFT FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2018

To:

M M / D D / Y Y Y Y
03 / 31 / 2018

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	67268.36	118283.71
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	67268.36	118283.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	32223.75	45131.44
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	32223.75	45131.44
8. Cash on Hand at Close of Reporting Period (from Line 27)	103152.27	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	30000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 47

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

TOFT FOR CONGRESS

Report Covering the Period:

From:

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

To:

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

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

58175.80

105312.15

(ii) Unitemized.....

6947.00

10826.00

(iii) TOTAL of contributions from individuals ▶

65122.80

116138.15

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

2145.56

2145.56

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

67268.36

118283.71

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

15000.00

30000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

15000.00

30000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

82268.36

148283.71

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

PAGE 4 / 47

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	32223.75	45131.44
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	32223.75	45131.44

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	53107.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	82268.36
25. SUBTOTAL (add Line 23 and Line 24).....	135376.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	32223.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	103152.27

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMUNDSON, VICKI, , ,
Mailing Address 842 N 8TH STREET

City
BLACK RIVER FALLS

State
WI

Zip Code
54615

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 25 2018

Transaction ID : SA11AI.4371

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANDERSON, JAMES, , ,
Mailing Address 305 MAPLE BLUFF RD N

City
STEVENS POINT

State
WI

Zip Code
54482

FEC ID number of contributing
federal political committee.

C

Name of Employer
ELLIS STONE

Occupation
PRESIDENT

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2018

Transaction ID : SA11AI.4552

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BARR, DANIEL, R., ,
Mailing Address S3576 SUGAR MAPLE LANE

City
FOUNTAIN CITY

State
WI

Zip Code
54629

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

394.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2018

Transaction ID : SA11AI.4553

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

1100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BAUER, JERRY, M, ,

Mailing Address 1108 AUTH STREET

City DURAND	State WI	Zip Code 54736
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAUER BUILTOccupation
CEO

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		12		2018

Transaction ID : SA11AI.4363

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BAUER, JERRY, M, ,

Mailing Address 1108 AUTH STREET

City DURAND	State WI	Zip Code 54736
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
BAUER BUILTOccupation
CEO

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		30		2018

Transaction ID : SA11AI.4614

Amount of Each Receipt this Period

1700.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 151 FAIRWAY COURT

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

FEC ID number of contributing
federal political committee.

C

Name of Employer
GUNDERSEN HEALTH SYSTEMOccupation
PHYSICIAN

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		12		2018

Transaction ID : SA11AI.4595

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶

2800.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

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

Mailing Address 151 FAIRWAY COURT

City	State	Zip Code
ONALASKA	WI	54650

FEC ID number of contributing
federal political committee.

C

Name of Employer
GUNDERSEN HEALTH SYSTEMOccupation
PHYSICIAN

Receipt For: 2018

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		17		2018

Transaction ID : SA11AI.4603

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address W22660 SOBYE LANE

City	State	Zip Code
GALESVILLE	WI	54630

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRUSH PROPERTIES, LLCOccupation
PRINCIPAL

Receipt For: 2018

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		12		2017

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period

2500.00

☒ Memo Item

CONTRIBUTION TO BE REDESIGNATED

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

Mailing Address W22660 SOBYE LANE

City	State	Zip Code
GALESVILLE	WI	54630

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRUSH PROPERTIES, LLCOccupation
PRINCIPAL

Receipt For: 2018

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3948.92

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		16		2018

Transaction ID : SA11AI.4681

Amount of Each Receipt this Period

1448.92

☐ Memo Item

In-kind - YARD SIGNS

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

1548.92

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

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BRUSH, CINDY, L, ,
Mailing Address W22660 SOBYE LANE

City GALESVILLE	State WI	Zip Code 54630
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRUSH PROPERTIES, LLCOccupation
PRINCIPAL

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3948.92

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2018

Transaction ID : SA11AI.4697

Amount of Each Receipt this Period

- 1248.92

☐ Memo Item

REDESIGNATE 12/12/17 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BRUSH, CINDY, L, ,
Mailing Address W22660 SOBYE LANE

City GALESVILLE	State WI	Zip Code 54630
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRUSH PROPERTIES, LLCOccupation
PRINCIPAL

Receipt For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5197.84

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2018

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period

1248.92

☐ Memo Item

REDESIGNATE 12/12/17 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BRUSH, JIM, , ,
Mailing Address W22660 SOBYE LANE

City GALESVILLE	State WI	Zip Code 54630
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMPIRE SCREEN PRINTINGOccupation
OWNER

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2699.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2018

Transaction ID : SA11AI.4689

Amount of Each Receipt this Period

2699.22

☐ Memo Item

In-kind - YARD SIGNS

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

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

2699.22

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

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

Mailing Address N6781 JOHNSON COULEE ROAD

City HOLMEN	State WI	Zip Code 54636
----------------	-------------	-------------------

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

Name of Employer EMPIRE SCREEN PRINTING	Occupation PRINTING PROFESSIONAL
--	-------------------------------------

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2699.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 16 2018

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period

2699.22

☐ Memo Item
In-kind - YARD SIGNS

B. Full Name (Last, First, Middle Initial)
BUESSER, RYAN, D, ,

Mailing Address N1716 950TH STREET

City EAU CLAIRE	State WI	Zip Code 54701
--------------------	-------------	-------------------

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

Name of Employer BUESSER CONCRETE LLC	Occupation PRESIDENT
--	-------------------------

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 21 2018

Transaction ID : SA11AI.4424

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 22 BLANCHARD STREET

City SMITHTOWN	State NY	Zip Code 11787
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FEC ID number of contributing federal political committee. **C**

Name of Employer A. MICHAEL TYLER REALTY CORP.	Occupation REAL ESTATE PROPERTY MANAGEMENT
---	---

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 07 2018

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

3449.22

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 47

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONNELLY, MARK, V., M.D.
Mailing Address W5419 PINE BLUFF ROAD

City State Zip Code
LACROSSE WI 54601

FEC ID number of contributing
federal political committee.

C

Name of Employer
GUNDERSEN LUTHERAN

Occupation
PHYSICIAN

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2018

Transaction ID : SA11AI.4562

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEROSA, MICHAEL, , ,
Mailing Address 1629 WARDEN STREET

City State Zip Code
EAU CLAIRE WI 54703

FEC ID number of contributing
federal political committee.

C

Name of Employer
WYCLIFFE BIBLE TRANSLATORS

Occupation
BUSINESS MANAGER

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 09 2018

Transaction ID : SA11AI.4600

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GRISWOLD, HARRY, R, ,
Mailing Address 134 LEONARD STREET N

City State Zip Code
WEST SALEM WI 54669

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRISWOLD LAW OFFICE

Occupation
ATTORNEY

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 02 2018

Transaction ID : SA11AI.4403

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

600.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 47

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

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GRISWOLD, HARRY, R, ,

Mailing Address 134 LEONARD STREET N

City WEST SALEM	State WI	Zip Code 54669
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRISWOLD LAW OFFICEOccupation
ATTORNEY

Receipt For: 2018

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2018

Transaction ID : SA11AI.4539

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 530 KINNEY COULEE RD. S

City ONALASKA	State WI	Zip Code 54650
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FEC ID number of contributing
federal political committee.

C

Name of Employer
NESNAH VENTURESOccupation
OWNER

Receipt For: 2018

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2018

Transaction ID : SA11AI.4434

Amount of Each Receipt this Period

2700.00

☐ Memo Item

CONTRIBUTION

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

Mailing Address 530 KINNEY COULEE RD. S

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

FEC ID number of contributing
federal political committee.

C

Name of Employer
NESNAH VENTURESOccupation
OWNER

Receipt For: 2018

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2018

Transaction ID : SA11AI.4432

Amount of Each Receipt this Period

2700.00

☐ Memo Item

CONTRIBUTION

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

5500.00

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

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

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

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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
IHLE, DAVID, P, ,
Mailing Address 1171 NORTHLAND DRIVE

City State Zip Code
MENDOTA HEIGHTS MN 55120

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL BUSINESS SYSTEMS

Occupation
PRESIDENT

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 25 2018

Transaction ID : SA11AI.4379

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
IHLE, DAVID, P, ,
Mailing Address 1171 NORTHLAND DRIVE

City State Zip Code
MENDOTA HEIGHTS MN 55120

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATIONAL BUSINESS SYSTEMS

Occupation
PRESIDENT

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 22 2018

Transaction ID : SA11AI.4542

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JACOBS, AUTUM, , ,
Mailing Address W22927 FOX COULEE ROAD

City State Zip Code
GALESVILLE WI 54630

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMPIRE SCREEN PRINTING

Occupation
PRINTING PROFESSIONAL

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2699.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 16 2018

Transaction ID : SA11AI.4678

Amount of Each Receipt this Period

2699.22

☐ Memo Item
In-kind - YARD SIGNS

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

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

3299.22

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

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

City State Zip Code
EAU CLAIRE WI 54703

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORAL & MAXILLOFACIAL ASSOC.

Occupation
ORAL SURGEON

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1542.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 21 2018

Transaction ID : SA11AI.4440

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

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

City State Zip Code
EAU CLAIRE WI 54703

FEC ID number of contributing
federal political committee.

C

Name of Employer
ORAL & MAXILLOFACIAL ASSOC.

Occupation
ORAL SURGEON

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2542.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 14 2018

Transaction ID : SA11AI.4521

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KAISER, KIMBERLEE, , ,
Mailing Address 19676 BLUFFVIEW PLACE

City State Zip Code
GALESVILLE WI 54630

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMPIRE SCREEN PRINTING

Occupation
PRINTING PROFESSIONAL

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2699.22

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 16 2018

Transaction ID : SA11AI.4686

Amount of Each Receipt this Period

2699.22

☐ Memo Item
In-kind - YARD SIGNS

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

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

3899.22

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

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KUESTER, DENNIS, , ,
Mailing Address 10 SEAGATE DRIVE

City State Zip Code
NAPLES FL 34103

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 12 2018

Transaction ID : SA11AI.4620

Amount of Each Receipt this Period

1350.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KUESTER, SANDRA, , ,
Mailing Address 10 SEAGATE DR

City State Zip Code
NAPLES FL 34103

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 12 2018

Transaction ID : SA11AI.4618

Amount of Each Receipt this Period

1350.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LIPPERT, MARYANN, , ,
Mailing Address 8182 APPLE ROAD

City State Zip Code
PITTSVILLE WI 54466

FEC ID number of contributing
federal political committee.

C

Name of Employer
STATE DEPT OF ADMINISTRATION

Occupation
INTERGOV AFFAIRS DIRECTOR

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2018

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

2950.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOBERG, LARS, , ,
Mailing Address 359 W MAIN STREET

City State Zip Code
ELLSWORTH WI 54011

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
ATTORNEY

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 26 2018

Transaction ID : SA11AI.4357

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LUDINGTON, DAVID, P, ,
Mailing Address 244 E LARKSPUR LANE

City State Zip Code
ONALASKA WI 54650

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
DENTIST

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 28 2018

Transaction ID : SA11AI.4484

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MATTIX, ORPHA, I, ,
Mailing Address 3335 JILL AVENUE

City State Zip Code
EAU CLAIRE WI 54701

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 21 2018

Transaction ID : SA11AI.4443

Amount of Each Receipt this Period

80.00

☐ Memo Item
CONTRIBUTION

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

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

3030.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MENARD, JOHN, R., ,

Mailing Address 603 LAMPLIGHTER CT

City	State	Zip Code
EAU CLAIRE	WI	54703

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2018

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		14		2018

Transaction ID : SA11AI.4529

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MITCHELL, JOHN, E., ,

Mailing Address E17839 COUNTY HIGHWAY F

City	State	Zip Code
HILLSBORO	WI	54634

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2018

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		14		2018

Transaction ID : SA11AI.4530

Amount of Each Receipt this Period

300.00

☐ Memo Item

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MURPHY, MICHAEL, D., ,

Mailing Address 7210 GIESE ROAD

City	State	Zip Code
EAU CLAIRE	WI	54701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2018

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		21		2018

Transaction ID : SA11AI.4447

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

1800.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PETERSEN, MELISSA, M, ,
Mailing Address N3807 COUNTY ROAD DD

City ELLSWORTH	State WI	Zip Code 54011
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
PETERSON LAW FIRMOccupation
ATTORNEY
 Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2018

Transaction ID : SA11AI.4381

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RICHARDSON, CECIL, , ,
Mailing Address 22621 COUNTY HWY NN

City RICHLAND CENTER	State WI	Zip Code 53581
-------------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED
 Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2018

Transaction ID : SA11AI.4576

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARDSON, KRISTI, , ,
Mailing Address N7872 COUNTY ROAD CC

City SPRING VALLEY	State WI	Zip Code 54767
-----------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED
 Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2018

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

750.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCHOEDER, SELBA, J., ,
Mailing Address **W7250 170TH AVENUE**

City State Zip Code
BAY CITY WI 54723

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

02 / 02 / 2018

Transaction ID : **SA11AI.4405**

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SKEMP, ROBERT, , ,
Mailing Address **PO BOX 1927**

City State Zip Code
LACROSSE WI 54601

FEC ID number of contributing
federal political committee.

C

Name of Employer
HALE SKEMP HANSON & SLIEK

Occupation
ATTORNEY

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2018

Transaction ID : **SA11AI.4496**

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SKEMP, ROBERT, , ,
Mailing Address **PO BOX 1927**

City State Zip Code
LACROSSE WI 54601

FEC ID number of contributing
federal political committee.

C

Name of Employer
HALE SKEMP HANSON & SLIEK

Occupation
ATTORNEY

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

03 / 31 / 2018

Transaction ID : **SA11AI.4581**

Amount of Each Receipt this Period

100.00

☐ Memo Item
CONTRIBUTION

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

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

850.00

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

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOMERS, DIANNE, , ,

Mailing Address 292 MAPLE BLUFF RD

City STEVENS POINT	State WI	Zip Code 54482
-----------------------	-------------	-------------------

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

Name of Employer SELF	Occupation FARMER
--------------------------	----------------------

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2018

Transaction ID : SA11AI.4583

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 13212 W 9TH STREET

City OSSEO	State WI	Zip Code 54758
---------------	-------------	-------------------

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

Name of Employer COVERRA INSURANCE SERVICES, INC	Occupation RETIRED
---	-----------------------

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2018

Transaction ID : SA11AI.4588

Amount of Each Receipt this Period

200.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TOFT, ALVIN, R., ,

Mailing Address 13212 W 9TH STREET

City OSSEO	State WI	Zip Code 54758
---------------	-------------	-------------------

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

Name of Employer COVERRA INSURANCE SERVICES, INC	Occupation RETIRED
---	-----------------------

Receipt For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2018

Transaction ID : SA11AI.4617

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

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

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

3150.00

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

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)
TOFT, LINDA, , ,

A. Mailing Address 13090 THOMAS STREET

City State Zip Code
OSSEO WI 54758

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAYO CLINIC

Occupation
NURSE

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 21 2018

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. VAN DER MOLEN, MARGARET, , ,

Mailing Address 10560 TOWN LINE RD

City State Zip Code
SOLDIERS GROVE WI 54655

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2018

Transaction ID : SA11AI.4590

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. WALL, TERRENCE, R., ,

Mailing Address PO BOX 620037

City State Zip Code
MIDDLETON WI 53662

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
DEVELOPER

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 22 2018

Transaction ID : SA11AI.4550

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WEBER, DONALD, J., ,

Mailing Address 145 17TH ST S

City LA CROSSE	State WI	Zip Code 54601
-------------------	-------------	-------------------

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

Name of Employer LOGISTICS HEALTH INC	Occupation CHAIRMAN
--	------------------------

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2018

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WEBER, DONALD, J., ,

Mailing Address 145 17TH ST S

City LA CROSSE	State WI	Zip Code 54601
-------------------	-------------	-------------------

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

Name of Employer LOGISTICS HEALTH INC	Occupation CHAIRMAN
--	------------------------

Receipt For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 21 / 2018

Transaction ID : SA11AI.4615

Amount of Each Receipt this Period

5400.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 3508 SHARON DRIVE

City EAU CLAIRE	State WI	Zip Code 54701
--------------------	-------------	-------------------

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

Name of Employer LUTHER MIDELFORT CLINIC	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2018

Transaction ID : SA11AI.4502

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

5650.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WEBER, ROXANNE, , ,

Mailing Address 145 17TH ST S

City LA CROSSE	State WI	Zip Code 54601
-------------------	-------------	-------------------

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 21 2018

Transaction ID : SA11AI.4467

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address 145 17TH ST S

City LA CROSSE	State WI	Zip Code 54601
-------------------	-------------	-------------------

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2018
☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 21 2018

Transaction ID : SA11AI.4616

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

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

Mailing Address W3597 390TH AVENUE

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

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

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 25 2018

Transaction ID : SA11AI.4395

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

6400.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) WIESER, ANDREA, , ,			Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2018		
Mailing Address 31965 BUEHLER RIDGE ROAD			Transaction ID : SA11AI.4507		
City LA CRESCENT	State MN	Zip Code 55947	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION			
Name of Employer _____		Occupation _____		Amount of Each Receipt this Period _____ 500.00	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 500.00		Memo Item CONTRIBUTION	
B. Full Name (Last, First, Middle Initial) WIESER, ANDREW, P, ,			Date of Receipt M M / D D / Y Y Y Y Y 02 / 02 / 2018		
Mailing Address 5993 STAUNTON RD.			Transaction ID : SA11AI.4409		
City EDWARDSVILLE	State IL	Zip Code 62025	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION			
Name of Employer WIESER CONCRETE		Occupation SELF EMPLOYED		Amount of Each Receipt this Period _____ 250.00	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 250.00		Memo Item CONTRIBUTION	
C. Full Name (Last, First, Middle Initial) WIESER, BRIAN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 02 / 28 / 2018		
Mailing Address 2494 COUNTY HIGHWAY 6			Transaction ID : SA11AI.4509		
City LA CRESCENT	State MN	Zip Code 55947	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION			
Name of Employer WIESER BROS		Occupation VP		Amount of Each Receipt this Period _____ 500.00	
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 500.00		Memo Item CONTRIBUTION	
SUBTOTAL of Receipts This Page (optional)..... ▶			_____ 1250.00		
TOTAL This Period (last page this line number only)..... ▶			_____		

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WIESER, DANIEL, J, ,
Mailing Address W3322 390TH AVENUE

City State Zip Code
MAIDEN ROCK WI 54750

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONSTRUCTION MANAGEMENT

Occupation
CONSTRUCTION

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 12 2018

Transaction ID : SA11AI.4369

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WIESER, DANIEL, J, ,
Mailing Address W3322 390TH AVENUE

City State Zip Code
MAIDEN ROCK WI 54750

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONSTRUCTION MANAGEMENT

Occupation
CONSTRUCTION

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 25 2018

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WIESER, MARK, A., ,
Mailing Address W13599 HIGHWAY 127

City State Zip Code
WISCONSIN DELLS WI 53965

FEC ID number of contributing
federal political committee.

C

Name of Employer
WIESER CONCRETE

Occupation
OWNER

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 25 2018

Transaction ID : SA11AI.4398

Amount of Each Receipt this Period

2700.00

☐ Memo Item
CONTRIBUTION

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

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

4700.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WOGAHN, BRENT, M., ,
Mailing Address 4619 OLD WELLS ROAD

City State Zip Code
EAU CLAIRE WI 54703

FEC ID number of contributing
federal political committee.

C

Name of Employer
EVERGREEN SURGICAL

Occupation
SURGEON

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 14 2018

Transaction ID : SA11AI.4534

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ZIETLOW, DONALD, , ,
Mailing Address PO BOX 1625

City State Zip Code
LA CROSSE WI 54602

FEC ID number of contributing
federal political committee.

C

Name of Employer
KWIK TRIP INC

Occupation
COB

Receipt For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 28 2018

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

2000.00

58175.80

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

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

TOFT, STEVEN, , ,

A. Mailing Address 13213 THOMAS STREET

City
OSSEO

State
WI

Zip Code
54758

FEC ID number of contributing
federal political committee.

C H8WI03103

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 06 2018

Transaction ID : SA11D.4641

Amount of Each Receipt this Period

250.00

☐ Memo Item
In-kind - EVENT FOOD

Full Name (Last, First, Middle Initial)

TOFT, STEVEN, , ,

B. Mailing Address 13213 THOMAS STREET

City
OSSEO

State
WI

Zip Code
54758

FEC ID number of contributing
federal political committee.

C H8WI03103

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15953.86

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 13 2018

Transaction ID : SA11D.4643

Amount of Each Receipt this Period

703.86

☐ Memo Item
In-kind - EVENT FOOD

Full Name (Last, First, Middle Initial)

TOFT, STEVEN, , ,

C. Mailing Address 13213 THOMAS STREET

City
OSSEO

State
WI

Zip Code
54758

FEC ID number of contributing
federal political committee.

C H8WI03103

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

21776.76

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 21 2018

Transaction ID : SA11D.4645

Amount of Each Receipt this Period

822.90

☐ Memo Item
In-kind - EVENT FOOD

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

1776.76

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

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

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) TOFT, STEVEN, , , Mailing Address 13213 THOMAS STREET City OSSEO State WI Zip Code 54758 FEC ID number of contributing federal political committee. C H8WI03103 Name of Employer RETIRED Occupation RETIRED Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 21965.34			Date of Receipt M M / D D / Y Y Y Y Y 03 06 2018 Transaction ID : SA11D.4647 Amount of Each Receipt this Period 188.58 <input type="checkbox"/> Memo Item In-kind - EVENT FOOD
B. Full Name (Last, First, Middle Initial) TOFT, STEVEN, , , Mailing Address 13213 THOMAS STREET City OSSEO State WI Zip Code 54758 FEC ID number of contributing federal political committee. C H8WI03103 Name of Employer RETIRED Occupation RETIRED Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 22017.46			Date of Receipt M M / D D / Y Y Y Y Y 03 12 2018 Transaction ID : SA11D.4649 Amount of Each Receipt this Period 52.12 <input type="checkbox"/> Memo Item In-kind - PRINTING
C. Full Name (Last, First, Middle Initial) TOFT, STEVEN, , , Mailing Address 13213 THOMAS STREET City OSSEO State WI Zip Code 54758 FEC ID number of contributing federal political committee. C H8WI03103 Name of Employer RETIRED Occupation RETIRED Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 32145.56			Date of Receipt M M / D D / Y Y Y Y Y 03 29 2018 Transaction ID : SA11D.4651 Amount of Each Receipt this Period 128.10 <input type="checkbox"/> Memo Item In-kind - EVENT FOOD
SUBTOTAL of Receipts This Page (optional)..... ▶			368.80
TOTAL This Period (last page this line number only)..... ▶			2145.56

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

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

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 47

☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
TOFT FOR CONGRESS

A. Full Name (Last, First, Middle Initial) TOFT, STEVEN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 02 / 21 / 2018	
Mailing Address 13213 THOMAS STREET			Transaction ID : SA13A.4624	
City OSSEO	State WI	Zip Code 54758	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C H8WI03103			<input type="checkbox"/> Memo Item CANDIDATE LOAN	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 20953.86		
B. Full Name (Last, First, Middle Initial) TOFT, STEVEN, , ,			Date of Receipt M M / D D / Y Y Y Y Y 03 / 14 / 2018	
Mailing Address 13213 THOMAS STREET			Transaction ID : SA13A.4625	
City OSSEO	State WI	Zip Code 54758	Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C H8WI03103			<input type="checkbox"/> Memo Item CANDIDATE LOAN	
Name of Employer RETIRED		Occupation RETIRED		
Receipt For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 32017.46		
C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address				
City	State	Zip Code		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period	
Name of Employer		Occupation	<input type="checkbox"/> Memo Item	
Receipt For:		Election Cycle-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
SUBTOTAL of Receipts This Page (optional)..... ▶			15000.00	
TOTAL This Period (last page this line number only)..... ▶			15000.00	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ASPECT CONSULTING LLC

Mailing Address 8401 EXCELSIOR DR

City
MADISONState
WIZip Code
53717Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

965.00

Transaction ID : SB17.4328

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ASPECT CONSULTING LLC

Mailing Address 8401 EXCELSIOR DR

City
MADISONState
WIZip Code
53717Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1846.41

Transaction ID : SB17.4340

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ASPECT CONSULTING LLC

Mailing Address 8401 EXCELSIOR DR

City
MADISONState
WIZip Code
53717Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1085.00

Transaction ID : SB17.4347

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3896.41

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BINVERSIE, KEVIN, , ,

Mailing Address 523 PINE STREET

City
SHEBOYGAN FALLSState
WIZip Code
53085Purpose of Disbursement
ONLINE MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4330

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BINVERSIE, KEVIN, , ,

Mailing Address 523 PINE STREET

City
SHEBOYGAN FALLSState
WIZip Code
53085Purpose of Disbursement
ONLINE MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		02		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4338

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BINVERSIE, KEVIN, , ,

Mailing Address 523 PINE STREET

City
SHEBOYGAN FALLSState
WIZip Code
53085Purpose of Disbursement
ONLINE MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4341

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1500.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BINVERSIE, KEVIN, , ,

Mailing Address 523 PINE STREET

City
SHEBOYGAN FALLSState
WIZip Code
53085Purpose of Disbursement
ONLINE MEDIA

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4345

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BRUSH, CINDY, L, ,

Mailing Address W22660 SOBYE LANE

City
GALESVILLEState
WIZip Code
54630Purpose of Disbursement
In-kind - YARD SIGNS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

1448.92

Transaction ID : SB17.4682

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BRUSH, JIM, , ,

Mailing Address W22660 SOBYE LANE

City
GALESVILLEState
WIZip Code
54630Purpose of Disbursement
In-kind - YARD SIGNS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

2699.22

Transaction ID : SB17.4691

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4648.14

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 47

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BRUSH, TRAVIS, , ,

Mailing Address N6781 JOHNSON COULEE ROAD

City
HOLMENState
WIZip Code
54636Purpose of Disbursement
In-kind - YARD SIGNS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

2699.22

Transaction ID : SB17.4685

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DAN MORSE CONSULTING

Mailing Address 5205 BARTON ROAD

City
MADISONState
WIZip Code
53711Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4329

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DAN MORSE CONSULTING

Mailing Address 5205 BARTON ROAD

City
MADISONState
WIZip Code
53711Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		12		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

1052.37

Transaction ID : SB17.4336

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6751.59

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STAPLES

Mailing Address 4538 VERONA ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2018

City
MADISONState
WIZip Code
53711Purpose of Disbursement
PRINTING

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

96.32

Transaction ID : SB17.4336.0

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 155 E OAK ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2018

City
LAKE MILLSState
WIZip Code
53551Purpose of Disbursement
POSTAGE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

196.00

Transaction ID : SB17.4336.1

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 155 E OAK ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2017

City
LAKE MILLSState
WIZip Code
53551Purpose of Disbursement
POSTAGE

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

303.80

Transaction ID : SB17.4336.3

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 47

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SHENANIGANS

Mailing Address 2100 DAWSON AVE

City
LA CROSSEState
WIZip Code
54603Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

321.14

Transaction ID : SB17.4336.4

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. DAN MORSE CONSULTING

Mailing Address 5205 BARTON ROAD

City
MADISONState
WIZip Code
53711Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	8

FEC Identification Number

C

Amount of Each Disbursement this Period

853.37

Transaction ID : SB17.4332

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LA CROSSE MAIL & PRINT

Mailing Address 1501 ST ANDREWS ST

City
LA CROSSEState
WIZip Code
54603Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	1	8

FEC Identification Number

C

Amount of Each Disbursement this Period

853.37

Transaction ID : SB17.4332.0

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

853.37

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 47

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DAN MORSE CONSULTING

Mailing Address 5205 BARTON ROAD

Date of Disbursement

M M	D D	Y Y Y Y
02	26	2018

City
MADISONState
WIZip Code
53711Purpose of Disbursement
FUNDRAISING CONSULTING

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4344

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. FLADEBOE, DAVID, , ,

Mailing Address 10 N LIVINGSTON ST

Date of Disbursement

M M	D D	Y Y Y Y
03	09	2018

City
MADISONState
WIZip Code
53705Purpose of Disbursement
EXPENSE REIMBURSEMENT

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

1209.38

Transaction ID : SB17.4349

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. MILEAGE

Mailing Address

Date of Disbursement

M M	D D	Y Y Y Y
02	24	2018

City

State

Zip Code

Purpose of Disbursement
MILEAGE REIMBURSEMENT

FEC Identification Number

C

Candidate Name

Amount of Each Disbursement this Period

257.04

Transaction ID : SB17.4349.0

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

4209.38

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 47

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN CAPITOL WASHINGTON DC

Mailing Address 550 C STREET NW

City
WASHINGTONState
DCZip Code
20024Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

581.42

Transaction ID : SB17.4349.6

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. JACOBS, AUTUM, , ,

Mailing Address W22927 FOX COULEE ROAD

City
GALESVILLEState
WIZip Code
54630Purpose of Disbursement
In-kind - YARD SIGNS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

2699.22

Transaction ID : SB17.4680

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KAISER, KIMBERLEE, , ,

Mailing Address 19676 BLUFFVIEW PLACE

City
GALESVILLEState
WIZip Code
54630Purpose of Disbursement
In-kind - YARD SIGNS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

2699.22

Transaction ID : SB17.4688

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5398.44

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PERSUASION PARTNERS INC.

Mailing Address 106 E DOTY STREET

City
MADISONState
WIZip Code
53703Purpose of Disbursement
EMAIL SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4327

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PERSUASION PARTNERS INC.

Mailing Address 106 E DOTY STREET

City
MADISONState
WIZip Code
53703Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		02		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.4339

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PERSUASION PARTNERS INC.

Mailing Address 106 E DOTY STREET

City
MADISONState
WIZip Code
53703Purpose of Disbursement
EXPENSE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		23		2018

FEC Identification Number

C

Amount of Each Disbursement this Period

506.00

Transaction ID : SB17.4353

☐ Memo Item

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

2506.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DELTA AIRLINES

Mailing Address 1030 DELTA BLVD

City
ATLANTAState
GAZip Code
30320Purpose of Disbursement
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	23	2018

FEC Identification Number

C

Amount of Each Disbursement this Period

506.00

Transaction ID : SB17.4353.0

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. RAISE THE MONEY

Mailing Address PO BOX 26466

City
LITTLE ROCKState
ARZip Code
72221Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
01	08	2018

FEC Identification Number

C

Amount of Each Disbursement this Period

0.99

Transaction ID : SB17.4331

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RAISE THE MONEY

Mailing Address PO BOX 26466

City
LITTLE ROCKState
ARZip Code
72221Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
01	12	2018

FEC Identification Number

C

Amount of Each Disbursement this Period

5.15

Transaction ID : SB17.4334

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6.14

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 47

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RAISE THE MONEY

Mailing Address PO BOX 26466

City
LITTLE ROCKState
ARZip Code
72221Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.15

Transaction ID : SB17.4335

☐ Memo Item**B. RAISE THE MONEY**

Mailing Address PO BOX 26466

City
LITTLE ROCKState
ARZip Code
72221Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	6		2	0	1	8

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : SB17.4337

☐ Memo Item**C. RAISE THE MONEY**

Mailing Address PO BOX 26466

City
LITTLE ROCKState
ARZip Code
72221Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	8

FEC Identification Number

C

Amount of Each Disbursement this Period

20.35

Transaction ID : SB17.4342

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

38.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RAISE THE MONEY

Mailing Address PO BOX 26466

City
LITTLE ROCKState
ARZip Code
72221Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	1	8

FEC Identification Number

C

Amount of Each Disbursement this Period

5.15

Transaction ID : SB17.4343

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RAISE THE MONEY

Mailing Address PO BOX 26466

City
LITTLE ROCKState
ARZip Code
72221Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	1	8

FEC Identification Number

C

Amount of Each Disbursement this Period

32.60

Transaction ID : SB17.4348

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RAISE THE MONEY

Mailing Address PO BOX 26466

City
LITTLE ROCKState
ARZip Code
72221Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.30

Transaction ID : SB17.4351

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

48.05

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RAISE THE MONEY

Mailing Address PO BOX 26466

City
LITTLE ROCKState
ARZip Code
72221Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	1	8

FEC Identification Number

C

Amount of Each Disbursement this Period

1.97

Transaction ID : SB17.4352

☐ Memo Item**B. RAISE THE MONEY**

Mailing Address PO BOX 26466

City
LITTLE ROCKState
ARZip Code
72221Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.15

Transaction ID : SB17.4354

☐ Memo Item**C. RAISE THE MONEY**

Mailing Address PO BOX 26466

City
LITTLE ROCKState
ARZip Code
72221Purpose of Disbursement
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

83.55

Transaction ID : SB17.4355

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

90.67

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 47

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TOFT, STEVEN, , ,

Mailing Address 13213 THOMAS STREET

City
OSSEOState
WIZip Code
54758Purpose of Disbursement
In-kind - EVENT FOOD

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 03

Date of Disbursement

M M	D D	Y Y Y Y
02	06	2018

FEC Identification Number

C H8WI03103

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.4642

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TOFT, STEVEN, , ,

Mailing Address 13213 THOMAS STREET

City
OSSEOState
WIZip Code
54758Purpose of Disbursement
In-kind - EVENT FOOD

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 03

Date of Disbursement

M M	D D	Y Y Y Y
02	13	2018

FEC Identification Number

C H8WI03103

Amount of Each Disbursement this Period

703.86

Transaction ID : SB17.4644

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TOFT, STEVEN, , ,

Mailing Address 13213 THOMAS STREET

City
OSSEOState
WIZip Code
54758Purpose of Disbursement
In-kind - EVENT FOOD

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 03

Date of Disbursement

M M	D D	Y Y Y Y
02	21	2018

FEC Identification Number

C H8WI03103

Amount of Each Disbursement this Period

822.90

Transaction ID : SB17.4646

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1776.76

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 47

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

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NAME OF COMMITTEE (In Full)

TOFT FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TOFT, STEVEN, , ,

Mailing Address 13213 THOMAS STREET

City
OSSEOState
WIZip Code
54758Purpose of Disbursement
In-kind - EVENT FOOD

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2018

FEC Identification Number

C H8WI03103

Amount of Each Disbursement this Period

188.58

Transaction ID : SB17.4648

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TOFT, STEVEN, , ,

Mailing Address 13213 THOMAS STREET

City
OSSEOState
WIZip Code
54758Purpose of Disbursement
In-kind - PRINTING

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		12		2018

FEC Identification Number

C H8WI03103

Amount of Each Disbursement this Period

52.12

Transaction ID : SB17.4650

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TOFT, STEVEN, , ,

Mailing Address 13213 THOMAS STREET

City
OSSEOState
WIZip Code
54758Purpose of Disbursement
In-kind - EVENT FOOD

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: WI

District: 03

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		29		2018

FEC Identification Number

C H8WI03103

Amount of Each Disbursement this Period

128.10

Transaction ID : SB17.4652

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

368.80

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

32091.75

SCHEDULE C (FEC Form 3)
LOANS

PAGE 44 OF 47

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
TOFT FOR CONGRESSTransaction ID : **SC/10.4318****LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item**TOFT, STEVEN, , ,**

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

13213 THOMAS STREET

City

OSSEO

State

WI

ZIP Code

54758

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 10 M /

D 16 D /

Y 2017 Y

M M /

D D /

Y 12/31/2028 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 45 OF 47

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
TOFT FOR CONGRESSTransaction ID : **SC/10.4319****LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item**TOFT, STEVEN, , ,**

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

13213 THOMAS STREET

City

OSSEO

State

WI

ZIP Code

54758

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M 12^M/ D 28^D

/ Y 2017 Y

M M

/ D D

/ Y 12/31/2028 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 46 OF 47

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
TOFT FOR CONGRESSTransaction ID : **SC/10.4624****LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item**TOFT, STEVEN, , ,**

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
13213 THOMAS STREET

City

State

ZIP Code

OSSEO

WI

54758

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 02 /

D 21 /

Y 2018 Y

M M /

D D /

Y 12/31/2028 Y

9.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

5000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 47 OF 47

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
TOFT FOR CONGRESSTransaction ID : **SC/10.4625****LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item**TOFT, STEVEN, , ,**

Election: 2018

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

13213 THOMAS STREET

City

OSSEO

State

WI

ZIP Code

54758

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 /

D 14 /

Y 2018 Y

M M /

D D /

Y 12/31/2028 Y

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

TOTALS This Period (last page in this line only).....▶

30000.00

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