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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

Leibham for Congress ADDRESS (number and street) PO Box 941 CITY, STATE, and ZIP CODE Sheboygan 2. NAME OF CANDIDATE	3. OFFICE SOUGHT (Sta	32-0941 ate and District)		
CITY, STATE, and ZIP CODE Sheboygan	3. OFFICE SOUGHT (Sta			
Sheboygan	3. OFFICE SOUGHT (Sta			
• •	3. OFFICE SOUGHT (Sta			
2. NAME OF CANDIDATE	,	ate and District)		
	House	,	4. FEC IDENTIFICATION	NUMBER
Joe Leibham		WI 06	C00562496	
5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON	//	
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE			day, year) 08/06/2014	5000.00
25 MASSACHUSETTS AVE, NW			00,00,2011	3333.33
30112 000	Transaction ID : 693049E8E37164D49			
WASHINGTON DC 20001	Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
MANITOWOC COMPANY POLITICAL ACTION COMMITTEE	Name of Employer		day, year)	5000.00
2400 SOUTH 44TH STREET			08/06/2014	5000.00
PO BOX 66	Transaction ID: 6C2B28ED202AE4EE			
MANITOWOC WI 54221	Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month,	Amount
REPUBLICAN MAINSTREET PARTNERSHIP PAC			day, year)	
C/O G&W 2201 WISCONSIN AVE., NW			08/06/2014	5000.00
SUITE 320	Transaction ID: 6E5E05A32AC0C4B1			
WASHINGTON DC 20007	Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
			day, year)	
_	Occupation			
	Cooupaiion			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer		Date (month, day, year)	Amount
	Occupation			
SIGNATURE (optional)		DATE	Fau familia :	
Ken Leibham	Electronically Filed]	08/08/2014	Federal Ele 999 E Street, NW	nformation contact: ection Commission /, Washington, DC 20463 9530, Local 202-694-1100

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