

# 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  
Duffy for Congress

ADDRESS (number and street) PO Box 538  
 Check if different than previously reported. (ACC) Wausau WI 54402-0538

2. **FEC IDENTIFICATION NUMBER** C C00464339 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A) WI 07

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 / 01 / 2015 through M M / D D / Y Y Y Y 03 / 31 / 2015

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

Type or Print Name of Treasurer Michael Masterson

Signature of Treasurer Michael Masterson [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 2015

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

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	234197.38	256383.52
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5610.77
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	234197.38	250772.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	63122.50	137265.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1873.17
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	63122.50	135392.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	849316.69	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Duffy for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	101805.61	114705.61
(ii) Unitemized.....	11141.77	18427.91
(iii) TOTAL of contributions from individuals ▶	112947.38	133133.52
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	121250.00	123250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	234197.38	256383.52
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	5388.49	22612.56
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	1873.17
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	440.26	745.86
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	240026.13	281615.11

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	63122.50	137265.49
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	600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5010.77
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5610.77
21. OTHER DISBURSEMENTS .....	2000.00	2022.13
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	65122.50	144898.39

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	674413.06
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	240026.13
25. SUBTOTAL (add Line 23 and Line 24).....	914439.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	65122.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	849316.69

**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 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

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

Mailing Address 330 E LAKESIDE ST  
P.O. BOX 1109

City MADISON State WI Zip Code 53715-2074

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.48258**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ORESTES ALVAREZ-JACINTO**

Mailing Address 2288 EVERGREEN RD.

City WAUSAU State WI Zip Code 54403-8784

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

Name of Employer ASPIRUS Occupation M.D.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.48124**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 216 GRANDVIEW DRIVE

City HUDSON State WI Zip Code 54016-5812

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

Name of Employer SELF/RETIRED Occupation ANESTHETIST CRNA APNP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2015

**Transaction ID : SA11.48109**

Amount of Each Receipt this Period  
 250.00  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SALVATORE F. BALISTRERI**

Mailing Address 9907 CONCORA ROAD

City BOULDER JUNCTION State WI Zip Code 54512-

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

Name of Employer SENDIKS Occupation PARKING LOT MAINTENANCE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.48169**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address N64 W30949 CINDY COURT

City HARTLAND State WI Zip Code 53029-9227

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

Name of Employer BANDO-MCGLOCKLIN INVESTMENTS Occupation REAL ESTATE FINANCE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47915**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 15085 BENDING BRAE COURT

City BROOKFIELD State WI Zip Code 53005-2681

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

Name of Employer SPEED SYSTEMS, INC. Occupation OWNER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.47875**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DOYLE BARTLETT**

Mailing Address  
609 OAKLEY PLACE

City State Zip Code  
ALEXANDRIA VA 22302-3611

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

Name of Employer Occupation  
ERIS GROUP GOVERNMENT RELATIONS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 19 / 2015

**Transaction ID : SA11.47727**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 914 SALLYS ALY N

City State Zip Code  
HUDSON WI 54016-1176

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

Name of Employer Occupation  
RETIRED TEACHER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : SA11.47934**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

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

Mailing Address M 126 MANN STREET

City State Zip Code  
MARSHFIELD WI 54449-8804

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

Name of Employer Occupation  
THE HEARING HOUSE HEARING INSTRUMENT SPECIALIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2015

**Transaction ID : SA11.47932**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**REBECCA BRETTING**

Mailing Address 4101 SUMMIT ROAD

City ASHLAND State WI Zip Code 54806-3545

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47917**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**DR. SALLY A. BROWNE**

Mailing Address P.O. BOX 1282

City WAUSAU State WI Zip Code 54402-1282

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.48028**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 6227 E. VILLA CASSANDRA

City CAVE CREEK State AZ Zip Code 85331-9148

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

Name of Employer **SELF** Occupation **BUSINESS EXECUTIVE/LAWYER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.48125**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**PATRICIA CARLSON**

Mailing Address 1715 TRAIL DRIVE

City State Zip Code  
DULUTH MN 55803-1536

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

Name of Employer Occupation  
HOMEMAKER HOMEMAKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11.47831**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 5009 UPTON STREET NW

City State Zip Code  
WASHINGTON DC 20016-1951

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

Name of Employer Occupation  
THE CYPRESS GROUP FOUNDER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.48030**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 4200 MINNESOTA AVENUE

City State Zip Code  
DULUTH MN 55802-2557

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11.48032**

Amount of Each Receipt this Period  
2600.00

CONTRIBUTION

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

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

3700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ROBERT F. CERVENKA**

Mailing Address 4200 MINNESOTA AVENUE

City State Zip Code  
DULUTH MN 55802-2557

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

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

**Transaction ID : SA11.48031**

Amount of Each Receipt this Period  
2600.00  
CONTRIBUTION

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

Mailing Address 9273 LERWICK DRIVE

City State Zip Code  
DUBLIN OH 43017-9492

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

Name of Employer Occupation  
CGCN GROUP LOBBYIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2015

**Transaction ID : SA11.47728**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 1500 OCEAN DRIVE, APT 903

City State Zip Code  
MIAMI BEACH FL 33139-3133

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11.47786**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

3600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAY CRANFORD III**

Mailing Address  
4136 N RICHMOND STREET

City ARLINGTON State VA Zip Code 22207-4816

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

Name of Employer CGCN GROUP Occupation LOBBYIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
02 / 19 / 2015

**Transaction ID : SA11.47729**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 9 CALLE DEL SOL

City SAN JUAN State PR Zip Code 00901-1312

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

Name of Employer SOL PARTNERS Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
03 / 31 / 2015

**Transaction ID : SA11.48034**

Amount of Each Receipt this Period  
5400.00  
CONTRIBUTION

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

Mailing Address 9 CALLE DEL SOL

City SAN JUAN State PR Zip Code 00901-1312

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

Name of Employer SOL PARTNERS Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
03 / 31 / 2015

**Transaction ID : SA11.48034B**

Amount of Each Receipt this Period  
-2700.00  
CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

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

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

5900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MARK CURRY**

Mailing Address **9 CALLE DEL SOL**

City **SAN JUAN** State **PR** Zip Code **00901-1312**

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

Name of Employer **SOL PARTNERS** Occupation **CEO**

Receipt For: 2016  
 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 / 2015**

**Transaction ID : SA11.48090**

Amount of Each Receipt this Period  
**2700.00**

CONTRIBUTION

**[MEMO ITEM]  
REDESIGNATION FROM PRIMARY**

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

Mailing Address **139 TRENT SHORES DRIVE**

City **TRENT WOODS** State **NC** Zip Code **28562-7741**

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

Name of Employer **PACE GOVERNMENT RELATIONS** Occupation **LOBBYIST**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2015**

**Transaction ID : SA11.47730**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

Mailing Address **27 W VINEDO LANE**

City **TEMPE** State **AZ** Zip Code **85284-1323**

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

Name of Employer **ROTHSTEIN LAW FIRM** Occupation **ATTORNEY**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11.47918**

Amount of Each Receipt this Period  
**500.00**

CONTRIBUTION

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

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

**1000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>SMITH DAVIS</b>		Date of Receipt M M / D D / Y Y Y Y Y 02 / 20 / 2015
Mailing Address 1333 NEW HAMPSHIRE AVENUE NW, STE		<b>Transaction ID : SA11.47731</b>
City WASHINGTON	State DC	
Zip Code 20036-1532		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer AKIN, GUMP, ET AL.	Occupation ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>ZORAIDA DE FONALLEDAS</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2015
Mailing Address P.O. BOX 364249		<b>Transaction ID : SA11.48035</b>
City SAN JUAN	State PR	
Zip Code 00936-4249		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>LIODMILA DEFFNER</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 16 / 2015
Mailing Address 1602 BLUEBIRD LANE		<b>Transaction ID : SA11.47956</b>
City WAUSAU	State WI	
Zip Code 54401-8102		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		CONTRIBUTION
Name of Employer LIODMILA, LLC	Occupation OWNER/DESIGNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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)	PAGE 14 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KANDACE ELMERGREEN**

Mailing Address 3911 CRESTWOOD DRIVE

City WAUSAU State WI Zip Code 54403-2399

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

Name of Employer: ELMERGREEN ASSOCIATES, INC. Occupation: CLINICAL SOCIAL WORKER/THERAPIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 24 / 2015

**Transaction ID : SA11.47982**

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

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

Mailing Address 11200 W. SILVER SPRING

City MILWAUKEE State WI Zip Code 53225-

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

Name of Employer: FABCO INC. Occupation: PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : SA11.48145**

Amount of Each Receipt this Period: 5400.00

CONTRIBUTION

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

Mailing Address 11200 W. SILVER SPRING

City MILWAUKEE State WI Zip Code 53225-

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

Name of Employer: FABCO INC. Occupation: PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5400.00

Date of Receipt: 03 / 31 / 2015

**Transaction ID : SA11.48145B**

Amount of Each Receipt this Period: -2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

**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: PAGE 15 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

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

Mailing Address 11200 W. SILVER SPRING

City State Zip Code  
MILWAUKEE WI 53225-

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

Name of Employer Occupation  
FABCO INC. PRESIDENT

Receipt For: 2016  
 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 / 2015

**Transaction ID : SA11.48256**

Amount of Each Receipt this Period  
2700.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

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

Mailing Address 9684 E HORIZON DRIVE

City State Zip Code  
SCOTTSDALE AZ 85262-5142

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.47920**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

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

Mailing Address 5821 HOLLYWOOD BLVD 200

City State Zip Code  
HOLLYWOOD FL 33021-6308

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

Name of Employer Occupation  
CITY FIRST MORTGAGE GROUP VP

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.47785**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

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

1300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KEVIN FLAHERTY**

Mailing Address **800 N 1ST STREET**

City **WAUSAU** State **WI** Zip Code **54403-**

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

Name of Employer **EYE CLINIC OF WISCONSIN SC - WAUSAU** Occupation **VICE PRESIDENT**

Receipt For: 2016  
 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 / 2015**

**Transaction ID : SA11.48266**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **2025 CIRCLE DR.**

City **KRONENWETTER** State **WI** Zip Code **54455-9062**

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

Name of Employer **ALEXANDER PROPERTIES** Occupation **EXECUTIVE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : SA11.48130**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address **1101 K STREET NW SUITE 650**

City **WASHINGTON** State **DC** Zip Code **20005-4048**

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

Name of Employer **CLARK, GEDULDIG, CRANFORD AND NIELSE** Occupation **LOBBYIST**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11.47790**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>LAURENCE GORDON</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015	
Mailing Address 4005 COMMUNITY CENTER DRIVE		<b>Transaction ID : SA11.48265</b>	
City WESTON	State WI	Zip Code 54476-	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer ASPIRUS WESTON CLINIC	
Occupation MEDICAL DIRECTOR OF INFORMATICS		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date _____ 500.00			

Full Name (Last, First, Middle Initial) <b>JO ANN L. GREB</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 10 / 2015	
Mailing Address P.O. BOX 916		<b>Transaction ID : SA11.47867</b>	
City HAYWARD	State WI	Zip Code 54843-0916	Amount of Each Receipt this Period _____ 1000.00 CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer RETIRED	
Occupation RETIRED		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date _____ 1000.00			

Full Name (Last, First, Middle Initial) <b>THOMAS HAAG</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2015	
Mailing Address 3128 WAUCHEETA TR		<b>Transaction ID : SA11.48110</b>	
City MADISON	State WI	Zip Code 53711-5952	Amount of Each Receipt this Period _____ 500.00 CONTRIBUTION
FEC ID number of contributing federal political committee. <b>C</b>		Name of Employer STATE COLLECTION SERVICE	
Occupation DEBT COLLECTOR		Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Election Cycle-to-Date _____ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2000.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 18 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**DANIEL HAGER**

Mailing Address 3306 BLUEJAY LN

City WAUSAU State WI Zip Code 54401-6200

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

Name of Employer CARGILL INC. Occupation CONSULTANT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.48118**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 916 EAU CLAIRE BOULEVARD

City WAUSAU State WI Zip Code 54403-6702

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47957**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 2245 COUNTY ROAD KK

City MOSINEE State WI Zip Code 54455-9759

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

Name of Employer HERMENING FINANCIAL GROUP Occupation FINANCIAL ADVISER

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.47832**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

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

Mailing Address 27153 N 96TH WAY

City State Zip Code  
SCOTTSDALE AZ 85262-8442

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.47922**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 1531 BROOKHAVEN DRIVE

City State Zip Code  
MCCLEAN VA 22101-4128

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

Name of Employer Occupation  
CYPRESS GROUP LOBBYIST

Receipt For: 2016  
 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 / 2015

**Transaction ID : SA11.48099**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

Mailing Address 721 RIDGEWOOD RD

City State Zip Code  
DULUTH MN 55804-1732

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

Name of Employer Occupation  
CAPSTAN CORP BUSINESSMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 17 / 2015

**Transaction ID : SA11.48138**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**KARLA KIEFFER**

Mailing Address 803 MCINDOE STREET

City WAUSAU State WI Zip Code 54403-4922

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

Name of Employer PSB HOLDINGS, INC. Occupation DIRECTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47950**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 3908 ASHLAND AVENUE

City WAUSAU State WI Zip Code 54403-8144

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

Name of Employer KRASOWSKI DENTAL Occupation DENTIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47951**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

Mailing Address 3908 ASHLAND AVENUE

City WAUSAU State WI Zip Code 54403-8144

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

Name of Employer KRASOWSKI DENTAL Occupation ADMIN ASSISTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : SA11.47795**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

1250.00

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

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

FOR LINE NUMBER: PAGE 21 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**ELAINE KRAUT**

Mailing Address 1505 N GOLDEN LAKE ROAD

City OCONOMOWOC State WI Zip Code 53066-9404

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

Name of Employer GENESEE AGGREGATE Occupation PRESIDENT

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : SA11.47796**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 231 N DAY ROAD

City SAINT CROIX FALLS State WI Zip Code 54024-9133

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation PHYSICIAN

Receipt For: 2016  
 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 / 2015

**Transaction ID : SA11.48257**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 8148 OUTLOOK LANE

City PRAIRIE VILLAGE State KS Zip Code 66208-4838

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

Name of Employer MCFARLANE GROUP Occupation GENERAL COUNSEL

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1550.00

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

**Transaction ID : SA11.48053**

Amount of Each Receipt this Period  
 1550.00  
 CONTRIBUTION

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

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

2300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>F C. LEE</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 19 / 2015	
Mailing Address 402 DANIEL DRIVE		<b>Transaction ID : SA11.47732</b>	
City BRANDON	State MS	Zip Code 39047-7396	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer FIRST TOWER CORP		Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>DR. TIMOTHY N. LOGEMANN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 04 / 2015	
Mailing Address 4052 CRESTWOOD DRIVE		<b>Transaction ID : SA11.47794</b>	
City WAUSAU	State WI	Zip Code 54403-8122	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer ASPIRUS		Occupation MEDICAL DOCTOR	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>FRED G. LUBER</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 06 / 2015	
Mailing Address 777 N PROSPECT AVENUE		<b>Transaction ID : SA11.47819</b>	
City MILWAUKEE	State WI	Zip Code 53202-4000	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer SUPER STEEL		Occupation OWNER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> 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)	PAGE 23 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTOPHER T. LUTES**

Mailing Address 6505 SAUCON VALLEY DRIVE

City State Zip Code  
FORT WORTH TX 76132-5453

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

Name of Employer Occupation  
THINK FINANCE CFO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.48235**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

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

Mailing Address 2743 N LAKE DRIVE

City State Zip Code  
MILWAUKEE WI 53211-3851

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

Name of Employer Occupation  
HAL LEONARD CORP. BUSINESS EXECUTIVE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

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

**Transaction ID : SA11.48132**

Amount of Each Receipt this Period  
300.00  
CONTRIBUTION

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

Mailing Address M 325 FIR ST.

City State Zip Code  
MARSHFIELD WI 54449-9253

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

Name of Employer Occupation  
MARTIN DENTAL DENTIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.48120**

Amount of Each Receipt this Period  
500.00  
CONTRIBUTION

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BRIAN MCGOWAN**

Mailing Address 14029 LARSEN STREET

City OVERLAND PARK State KS Zip Code 66221-2277

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

Name of Employer MCFARLANE GROUP Occupation CTO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.48054**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

Mailing Address P.O. BOX 2212

City BROOKFIELD State WI Zip Code 53008-2212

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

Name of Employer NORTH SHORE BANK Occupation BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.48178**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

Mailing Address 2304 STARFLOWER LANE

City WAUSAU State WI Zip Code 54401-8593

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

Name of Employer RUDER WARE Occupation LAWYER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : SA11.47809**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CARYN MILES**

Mailing Address 1807 TALL OAKS DRIVE

City WAUSAU State WI Zip Code 54403-8121

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

Name of Employer ASPIRUS Occupation REGISTERED NURSE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11.47952**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address 521 DOLORES ST

City SAN FRANCISCO State CA Zip Code 94110-1564

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

Name of Employer AXIOM STRATEGIES Occupation VICE PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 27 / 2015**

**Transaction ID : SA11.48103**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

Mailing Address 5430 E GRAND AVENUE

City DALLAS State TX Zip Code 75223-1965

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

Name of Employer CHEK CASH, INC. Occupation PRESIDENT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11.48055**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**2250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STEPHEN MOSLING**

Mailing Address 6075 PELICAN BAY BOULEVARD, UNIT 1

City NAPLES	State FL	Zip Code 34108-7114
----------------	-------------	------------------------

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.48144**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 7815 VOLKMAN STREET

City ROTHSCHILD	State WI	Zip Code 54474-1261
--------------------	-------------	------------------------

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

Name of Employer RIVER VALLEY STATE BANK	Occupation PRESIDENT
---	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 04 / 2015

**Transaction ID : SA11.47793**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 3416 HIDDEN LINKS DR.

City WAUSAU	State WI	Zip Code 54403-9127
----------------	-------------	------------------------

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

Name of Employer MARSHFIELD CLINIC	Occupation RADIOLOGIST
---------------------------------------	---------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.48121**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MIKE NIELSEN**

Mailing Address 10853 MURRAY DOWNS COURT

City RESTON State VA Zip Code 20194-1443

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

Name of Employer CGCN GROUP Occupation CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2015

**Transaction ID : SA11.47887**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address M 333 ELM STREET

City MARSHFIELD State WI Zip Code 54449-9251

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

Name of Employer MCMILLAN ELECTRIC SERVICE Occupation ELEC CONTR/RESEARCH COMPLIANCE ED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.47988**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address M 504 CHERRY STREET

City MARSHFIELD State WI Zip Code 54449-9240

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.47989**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TERRY PECHA**

Mailing Address **P.O. BOX 90**

City **BLOOMER** State **WI** Zip Code **54724-0090**

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

Name of Employer **A-1 EXCAVATING** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2015**

**Transaction ID : SA11.47990**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **7804 WOODBINE LANE**

City **WAUSAU** State **WI** Zip Code **54401-8464**

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

Name of Employer **SCHUTTE, INC.** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11.47953**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **6020 HIGHLAND ROAD**

City **BATON ROUGE** State **LA** Zip Code **70808-6562**

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

Name of Employer **REPUBLIC FINANCE, LLC.** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11.48058**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANTHONY E. POGODZINSKI**

Mailing Address 9609 MANITOU PARK ROAD

City MINOCQUA State WI Zip Code 54548-9362

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2015

**Transaction ID : SA11.47890**

Amount of Each Receipt this Period  
 CONTRIBUTION **50.00**

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

Mailing Address 9609 MANITOU PARK ROAD

City MINOCQUA State WI Zip Code 54548-9362

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

Name of Employer NA Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47941**

Amount of Each Receipt this Period  
 CONTRIBUTION **200.00**

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

Mailing Address 1105 HIGHLAND PK BLVD

City WAUSAU State WI Zip Code 54403-5072

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

Name of Employer SELF Occupation FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.48119**

Amount of Each Receipt this Period  
 CONTRIBUTION **500.00**

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MICHAEL PRETASKY SR.**

Mailing Address 1030 SILVERNAIL ROAD

City State Zip Code  
PEWAUKEE WI 53072-5549

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

Name of Employer Occupation  
SKIPPER BUD'S CHAIRMAN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47924**

Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

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

Mailing Address 401 HAZELWOOD DRIVE

City State Zip Code  
FORT WORTH TX 76107-1517

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

Name of Employer Occupation  
THINK FINANCE CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.48239**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MR. EVERETT G. ROEHL**

Mailing Address 11574 N GALVIN AVENUE

City State Zip Code  
MARSHFIELD WI 54449-8518

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

Name of Employer Occupation  
ROEHL TRANSPORT TRUCKING

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47925**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

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

3300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOSEPH ROHLING**

Mailing Address 4403 BROOK COURT

City WESTON State WI Zip Code 54476-1975

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

Name of Employer ST. CLAIRE'S Occupation HEALTH CARE

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47958**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 406 E COUNTY ROAD U

City MARATHON State WI Zip Code 54448-9411

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

Name of Employer SELF Occupation FARMER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47933**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 2155 TERREBONNE DRIVE

City MOSINEE State WI Zip Code 54455-8852

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

Name of Employer SELF Occupation WRITER/PRODUCER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47954**

Amount of Each Receipt this Period  
 250.00  
 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**SARA RYAN**

Mailing Address **4810 W WAUSAU AVENUE**

City **WAUSAU** State **WI** Zip Code **54401-3736**

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

Name of Employer **WEMSH** Occupation **M.D.**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11.47959**

Amount of Each Receipt this Period  
**500.00**  
 CONTRIBUTION

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

Mailing Address **1015 HILLCREST AVENUE**

City **WAUSAU** State **WI** Zip Code **54401-4245**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 04 / 2015**

**Transaction ID : SA11.47792**

Amount of Each Receipt this Period  
**2700.00**  
 CONTRIBUTION

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

Mailing Address  
**1348 CONSTITUTION AVENUE NE**

City **WASHINGTON** State **DC** Zip Code **20002-6467**

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

Name of Employer **CGCN GROUP** Occupation **LOBBYIST**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2015**

**Transaction ID : SA11.47733**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**3450.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES J. SENSENBRENNER JR.**

Mailing Address **N78W14726 NORTHPOINT DRIVE**

City **MENOMONEE FALLS** State **WI** Zip Code **53052-**

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

Name of Employer **US CONGRESS** Occupation **CONGRESSMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2015**

**Transaction ID : SA11.47991**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**JAMES J. SENSENBRENNER JR.**

Mailing Address **N78W14726 NORTHPOINT DRIVE**

City **MENOMONEE FALLS** State **WI** Zip Code **53052-**

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

Name of Employer **US CONGRESS** Occupation **CONGRESSMAN**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

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

**Transaction ID : SA11.48094**

Amount of Each Receipt this Period  
**100.00**  
 CONTRIBUTION

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

Mailing Address **1706 TALL OAKS DRIVE**

City **WAUSAU** State **WI** Zip Code **54403-8118**

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

Name of Employer **RIVER VALLEY BANK** Occupation **DIRECTOR OF INSURANCE**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11.47960**

Amount of Each Receipt this Period  
**250.00**  
 CONTRIBUTION

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

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

**600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JOHN SKOUG**

Mailing Address **7801 WOODBINE LANE**

City **MARATHON** State **WI** Zip Code **54401-8547**

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

Name of Employer **MARATHON CHEESE CORP.** Occupation **CEO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11.48122**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **2212 AVANTI LANE**

City **BIRMINGHAM** State **AL** Zip Code **35226-1030**

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2015**

**Transaction ID : SA11.47734**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

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

Mailing Address **P.O. BOX 50**

City **MINOCQUA** State **WI** Zip Code **54548-0050**

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

Name of Employer **T.A. SOLBERG** Occupation **OWNER**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2700.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2015**

**Transaction ID : SA11.47995**

Amount of Each Receipt this Period  
**2700.00**  
 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)	PAGE 35 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RITA STILIN**

Mailing Address 72303 PUFAL ROAD

City HIGHBRIDGE State WI Zip Code 54846-6446

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47945**

Amount of Each Receipt this Period  
 2700.00

CONTRIBUTION

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

Mailing Address 72303 PUFAL ROAD

City HIGHBRIDGE State WI Zip Code 54846-6446

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2015

**Transaction ID : SA11.47945B**

Amount of Each Receipt this Period  
 -1600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION TO GENERAL

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

Mailing Address 72303 PUFAL ROAD

City HIGHBRIDGE State WI Zip Code 54846-6446

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 21 / 2015

**Transaction ID : SA11.47972**

Amount of Each Receipt this Period  
 1600.00

CONTRIBUTION

**[MEMO ITEM]**  
REDESIGNATION FROM PRIMARY

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

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

2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ANNE STYZA**

Mailing Address 6395 STATE ROAD 83

City HARTLAND State WI Zip Code 53029-9706

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

Name of Employer BRYCE P. STYZA PROPERTIES Occupation BUILDER/DEVELOPER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11.47820**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 924 RIVER ROAD

City MOSINEE State WI Zip Code 54455-9278

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

Name of Employer ASPIRUS Occupation M.D.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47955**

Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

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

Mailing Address 924 RIVER ROAD

City MOSINEE State WI Zip Code 54455-9278

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

Name of Employer ASPIRUS Occupation M.D.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

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

**Transaction ID : SA11.48262**

Amount of Each Receipt this Period  
 100.00  
 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**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DON TAYLOR**

Mailing Address 27100 SHANANAGI LANE

City State Zip Code  
WAUKESHA WI 53188-

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

Name of Employer Occupation  
WAUKESHA STATE BANK BANKER

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 05 / 2015

**Transaction ID : SA11.47813**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 1396 N WAUKEGAN ROAD

City State Zip Code  
LAKE FOREST IL 60045-1147

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

Name of Employer Occupation  
ULINE CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.47927**

Amount of Each Receipt this Period  
2700.00  
CONTRIBUTION

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

Mailing Address 920 HAMILTON ST.

City State Zip Code  
WAUSAU WI 54403-3607

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

Name of Employer Occupation  
GEM REAL ESTATE LLC REALTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.48117**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

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

3950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>ALAN VERPLOEGH</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 16 / 2015
Mailing Address 4029 CRESTWOOD DRIVE		<b>Transaction ID : SA11.47961</b>
City WAUSAU	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MITCHELL METAL PRODUCTS	Occupation OWNER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>WILLIAM VINEY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2015
Mailing Address 25723 MEADOWHOUSE COURT		<b>Transaction ID : SA11.48101</b>
City SOUTH RIDING	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer BGR GOVERNMENT AFFAIRS	Occupation PRINCIPAL	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>TERRENCE R. WALL</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 10 / 2015
Mailing Address P.O. BOX 620037		<b>Transaction ID : SA11.47866</b>
City MIDDLETON	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SELF	Occupation BUSINESS OWNER	CONTRIBUTION
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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)	PAGE 39 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TIMOTHY J. WENGERT**

Mailing Address 903 MARTIN DRIVE

City State Zip Code  
MARSHFIELD WI 54449-3560

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

Name of Employer Occupation  
MARSHFIELD CLINIC DOCTOR

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.47946**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 3787 CAMPBELL TRACE

City State Zip Code  
HARTLAND WI 53029-8826

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.47928**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 108 N GREN BAY ROAD

City State Zip Code  
APPLETON WI 54911-5625

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

Name of Employer Occupation  
AKIN, GUMP, STRAUSS, HAUER & FIELD ATTORNEY

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : SA11.48071**

Amount of Each Receipt this Period  
1500.00  
CONTRIBUTION

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 126
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BARBARA J. WILLIAMS**

Mailing Address 1206 S RIVER ROAD

City State Zip Code  
JANESVILLE WI 53546-5452

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.47947**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address 3824 RIVERVIEW DRIVE

City State Zip Code  
WAUSAU WI 54403-2249

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

Name of Employer Occupation  
YOUNG'S LONG TERM CARE PHARMACY PHARMACIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.47962**

Amount of Each Receipt this Period  
250.00  
CONTRIBUTION

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

Mailing Address  
5733 MAJESTIC COURT

City State Zip Code  
SAN ANGELO TX 76904-1903

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

Name of Employer Occupation  
WESTERN SHAMROCK CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2015

**Transaction ID : SA11.47735**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 41 OF 126  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**BRENT WOGAHN**

Mailing Address 3702 TIMBER TRAILS COURT

City State Zip Code  
EAU CLAIRE WI 54701-9001

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

Name of Employer Occupation  
EVERGREEN SURGICAL, S.C. SURGEON

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 06 2015

**Transaction ID : SA11.47828**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 813 VICAR LANE

City State Zip Code  
ALEXANDRIA VA 22302-3420

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

Name of Employer Occupation  
BGR GROUP CONSULTANT

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

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

**Transaction ID : SA11.48100**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

Mailing Address 6907 ANDOVER DRIVE

City State Zip Code  
ALEXANDRIA VA 22307-1702

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

Name of Employer Occupation  
KOCH INDUSTRIES PUBLIC SECTOR LOBBYIST

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 24 2015

**Transaction ID : SA11.47993**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 42 OF 126  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**FOREST COUNTY POTAWATOMI COMMUNITY**

Mailing Address **PO BOX 340**

City **CRANDON** State **WI** Zip Code **54520-0340**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.48247**

Amount of Each Receipt this Period  
 2700.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**GILA RIVER INDIAN COMMUNITY**

Mailing Address **PO BOX 2160**

City **SACATON** State **AZ** Zip Code **85147-0055**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.48253**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SALT RIVER PIMA MARICOPA INDIAN COMMUNITY**

Mailing Address **10005 E OSBORN ROAD**

City **SCOTTSDALE** State **AZ** Zip Code **85256-4019**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11.47965**

Amount of Each Receipt this Period  
 1000.00  
 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)	PAGE 44 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ICE PAC**

Mailing Address **9158 E STARING LANE**

City **EDEN PRAIRIE** State **MN** Zip Code **55347-2518**

FEC ID number of contributing federal political committee. **C C00484667**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 25 / 2015**

**Transaction ID : SA11.47769**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**WEXLER & WALKER PAC**

Mailing Address **1317 F STREET NW SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20004-1105**

FEC ID number of contributing federal political committee. **C C00248195**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 19 / 2015**

**Transaction ID : SA11.47746**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ADVANCE AMERICA CASH ADVANCE CENTERS INC POLITICAL ACTION COMMITTEE**

Mailing Address **135 N CHURCH STREET**

City **SPARTANBURG** State **SC** Zip Code **29306-5138**

FEC ID number of contributing federal political committee. **C C00429001**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.48072**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 45 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
ADVANCE AMERICA CASH ADVANCE CENTERS INC POLITICAL ACTION COMMITTEE

Mailing Address 135 N CHURCH STREET

City State Zip Code  
SPARTANBURG SC 29306-5138

FEC ID number of contributing federal political committee. **C** C00429001

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.48081**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 220 LEIGH FARM ROAD

City State Zip Code  
DURHAM NC 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.47740**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

Mailing Address 220 LEIGH FARM ROAD

City State Zip Code  
DURHAM NC 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.48244**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A. AIR LINE PILOTS ASSOCIATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1625 MASSACHUSETTS AVENUE NW  
 City WASHINGTON State DC Zip Code 20036-2212  
 FEC ID number of contributing federal political committee. **C** C00035451  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.48021**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION CO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1333 NEW HAMPSHIRE AVE NW  
 City D.C. State DC Zip Code 20036-1500  
 FEC ID number of contributing federal political committee. **C** C00104901  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015  
**Transaction ID : SA11.48001**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. AMERICAN ASSOCIATION OF NURSE PRACTITIONERS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 12846  
 City AUSTIN State TX Zip Code 78711-2846  
 FEC ID number of contributing federal political committee. **C** C00382440  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015  
**Transaction ID : SA11.47752**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A. AMERICAN DENTAL ASSOCIATION PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1111 14TH STREET NW  
 SUITE 1100  
 City WASHINGTON State DC Zip Code 20005-5627  
 FEC ID number of contributing federal political committee. **C C00000729**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.47966**  
 Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B. AMERICAN EXPRESS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 PENNSYLVANIA AVENUE NW  
 SUITE 650  
 City WASHINGTON State DC Zip Code 20004-2673  
 FEC ID number of contributing federal political committee. **C C00040535**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.48019**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. AMERICAN PRINCIPLES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20533 BISCAYNE BOULEVARD  
 # 250  
 City MIAMI State FL Zip Code 33180-1529  
 FEC ID number of contributing federal political committee. **C C00492579**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 02 / 2015  
**Transaction ID : SA11.47783**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF HOME INSPECTORS ASHI INSPECTPA**

Mailing Address 10 E DOTY ST

City MADISON State WI Zip Code 53703-3376

FEC ID number of contributing federal political committee. **C** C00383786

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.48000**

Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

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

Mailing Address 6000 AMERICAN PARKWAY

City MADISON State WI Zip Code 53783-0001

FEC ID number of contributing federal political committee. **C** C00354290

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

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

**Transaction ID : SA11.48074**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1 AMGEN CENTER DRIVE

City THOUSAND OAKS State CA Zip Code 91320-1730

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2015

**Transaction ID : SA11.47770**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ARDA ROC-PAC**

Mailing Address 1201 15TH STREET NW  
SUITE 400

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C C00129932**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA11.47756**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ARDA ROC-PAC**

Mailing Address 1201 15TH STREET NW  
SUITE 400

City WASHINGTON State DC Zip Code 20005-2899

FEC ID number of contributing federal political committee. **C C00129932**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

**Transaction ID : SA11.48190**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED MILK PRODUCERS INC PAC**

Mailing Address PO BOX 455

City NEW ULM State MN Zip Code 56073-0455

FEC ID number of contributing federal political committee. **C C00330696**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11.48024**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AT&T FEDERAL PAC**

Mailing Address 208 S AKARD STREET  
FRONT 3521

City DALLAS State TX Zip Code 75202-4295

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.47738**

Amount of Each Receipt this Period  
 1500.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**AT&T FEDERAL PAC**

Mailing Address 208 S AKARD STREET  
FRONT 3521

City DALLAS State TX Zip Code 75202-4295

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA11.47753**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**AXCESS FINANCIAL SERVICES INC. PAC**

Mailing Address 7755 MONTGOMERY RD

City CINCINNATI State OH Zip Code 45236-4291

FEC ID number of contributing federal political committee. **C C00441311**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.48083**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**BNSF RAILWAY COMPANY RAILPAC**

Mailing Address PO BOX 961039

City State Zip Code  
FORT WORTH TX 76161-0039

FEC ID number of contributing federal political committee. **C C00235739**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.48076**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1200 WILSON BOULEVARD

City State Zip Code  
ARLINGTON VA 22209-2300

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11.47830**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
SUITE 1000

City State Zip Code  
WASHINGTON DC 20004-2524

FEC ID number of contributing federal political committee. **C C00008474**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.47749**

Amount of Each Receipt this Period  
 1500.00  
 CONTRIBUTION

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT PAC**

Mailing Address 333 S WABASH AVENUE  
# 43-S

City CHICAGO State IL Zip Code 60604-4107

FEC ID number of contributing federal political committee. **C C00078287**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.47782**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**COMCAST CORPORATION & NBC UNIVERSAL PAC**

Mailing Address ONE COMCAST CENTER  
1701 JFK BOULEVARD

City PHILADELPHIA State PA Zip Code 19103-2838

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.47751**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**COMMUNITY FINANCIAL SERVICES ASSOCIATION OF AMERIC**

Mailing Address 515 KING ST

City ALEXANDRIA State VA Zip Code 22314-3157

FEC ID number of contributing federal political committee. **C C00432534**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.48084**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A. CONSUMER FINANCIAL PROTECTION ADVOCACY COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address N19W24075 RIVERWOOD DRIVE  
SUITE 200

City WAUKESHA State WI Zip Code 53188-1170

FEC ID number of contributing federal political committee. **C** C00522789

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 14 / 2015

**Transaction ID : SA11.47713**

Amount of Each Receipt this Period  
2500.00  
CONTRIBUTION

**B. CSX CORP GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)  
Mailing Address 1331 PENNSYLVANIA AVENUE NW  
SUITE 560

City WASHINGTON State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2015

**Transaction ID : SA11.47760**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C. DOWPAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 2030 DOW CENTER

City MIDLAND State MI Zip Code 48674-1500

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.47787**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 54 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

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

Mailing Address 2030 DOW CENTER

City MIDLAND State MI Zip Code 48674-1500

FEC ID number of contributing federal political committee. **C** C00074096

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.48079**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**ELECTRONIC TRANSACTIONS ASSOCIATION POLITICAL ACTI**

Mailing Address 1101 16TH ST NW

City D.C. State DC Zip Code 20036-4803

FEC ID number of contributing federal political committee. **C** C00548198

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.48087**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**ELI LILLY AND COMPANY PAC**

Mailing Address LILLY CORPORATE CENTER

City INDIANAPOLIS State IN Zip Code 46285-0001

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.48245**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 55 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A. EQUIFAX PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 4081  
 City ATLANTA State GA Zip Code 30302-4081  
 FEC ID number of contributing federal political committee. **C** C00143867  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015  
**Transaction ID : SA11.47967**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. FEDERAL EXPRESS PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 942 S SHADY GROVE ROAD FLOOR 1  
 City MEMPHIS State TN Zip Code 38120-4117  
 FEC ID number of contributing federal political committee. **C** C00068692  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015  
**Transaction ID : SA11.47750**  
 Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

**C. FINANCIAL SERVICES INSTITUTE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 607 14TH STREET NW SUITE 750  
 City WASHINGTON State DC Zip Code 20005-2085  
 FEC ID number of contributing federal political committee. **C** C00409714  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2015  
**Transaction ID : SA11.47977**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A. FINANCIAL SERVICES INSTITUTE PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 607 14TH STREET NW  
SUITE 750

City WASHINGTON State DC Zip Code 20005-2085

FEC ID number of contributing federal political committee. **C C00409714**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

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

**Transaction ID : SA11.48246**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B. FLORIDA CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 6100 HOLLYWOOD BLVD  
STE 305

City HOLLYWOOD State FL Zip Code 33024-7981

FEC ID number of contributing federal political committee. **C C00127811**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

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

**Transaction ID : SA11.47780**

Amount of Each Receipt this Period  
 2000.00

CONTRIBUTION

**C. FOLEY & LARDNER PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 3000 K STREET NW  
FLOOR 6

City WASHINGTON State DC Zip Code 20007-5109

FEC ID number of contributing federal political committee. **C C00105338**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.48075**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A. GENERAL ELECTRIC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1299 PENNSYLVANIA AVENUE NW  
 City WASHINGTON State DC Zip Code 20004-2400  
 FEC ID number of contributing federal political committee. **C C00024869**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.48020**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. GUARDIAN LIFE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 HANOVER SQUARE  
 City NEW YORK State NY Zip Code 10004-2616  
 FEC ID number of contributing federal political committee. **C C00173393**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015  
**Transaction ID : SA11.48022**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. GUARDIAN LIFE PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 HANOVER SQUARE  
 City NEW YORK State NY Zip Code 10004-2616  
 FEC ID number of contributing federal political committee. **C C00173393**  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : SA11.48073**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HOME DEPOT INC PAC**

Mailing Address 1155 F STREET NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004-1346

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.48250**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 500

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.47739**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA PAC**

Mailing Address 20 F STREET, NW SUITE 610  
SUITE 300

City WASHINGTON State DC Zip Code 20001-6707

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.47781**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 59 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT COMMUNITY BANKERS PAC**

Mailing Address 1615 L STREET NW  
SUITE 900

City WASHINGTON State DC Zip Code 20036-5623

FEC ID number of contributing federal political committee. **C C00032698**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 13 / 2015

**Transaction ID : SA11.48193**

Amount of Each Receipt this Period  
CONTRIBUTION  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 139 PAC**

Mailing Address PO BOX 130  
N27 W23233 ROUNDY DRIVE

City PEWAUKEE State WI Zip Code 53072-0130

FEC ID number of contributing federal political committee. **C C00423731**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

**Transaction ID : SA11.47963**

Amount of Each Receipt this Period  
CONTRIBUTION  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL COUNCIL OF SHOPPING CENTERS PAC**

Mailing Address 555 12TH STREET NW  
SUITE 660

City WASHINGTON State DC Zip Code 20004-1241

FEC ID number of contributing federal political committee. **C C00217638**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2015

**Transaction ID : SA11.47978**

Amount of Each Receipt this Period  
CONTRIBUTION  
1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**INVESTMENT COMPANY INSTITUTE PAC**

Mailing Address 1401 H STREET NW  
# 1200

City WASHINGTON State DC Zip Code 20005-2110

FEC ID number of contributing federal political committee. **C C00105981**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.48077**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

Mailing Address 600 14TH STREET NW  
SUITE 800

City WASHINGTON State DC Zip Code 20005-2099

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.48248**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LIBERTY MUTUAL INSURANCE CO PAC**

Mailing Address 175 BERKELEY STREET

City BOSTON State MA Zip Code 02116-5066

FEC ID number of contributing federal political committee. **C C00171843**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.47998**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**LIBERTY MUTUAL INSURANCE CO PAC**

Mailing Address **175 BERKELEY STREET**

City **BOSTON** State **MA** Zip Code **02116-5066**

FEC ID number of contributing federal political committee. **C C00171843**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 24 / 2015**

**Transaction ID : SA11.47999**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**LOCKHEED MARTIN EMPLOYEES PAC**

Mailing Address **PO BOX 33010**

City **LAKELAND** State **FL** Zip Code **33807-3010**

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

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

**Transaction ID : SA11.47879**

Amount of Each Receipt this Period  
**1000.00**  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**LPL FINANCIAL LLC POLITICAL ACTION COMMITTEE (LPL PAC)**

Mailing Address **1 BEACON STREET  
FLOOR 22**

City **BOSTON** State **MA** Zip Code **02108-3106**

FEC ID number of contributing federal political committee. **C C00486217**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

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

**Transaction ID : SA11.48082**

Amount of Each Receipt this Period  
**2500.00**  
 CONTRIBUTION

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

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

**6000.00**

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

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

FOR LINE NUMBER: PAGE 62 OF 126  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

**A.** Full Name (Last, First, Middle Initial)  
**MAJORITY COMMITTEE PAC**

Mailing Address **PO BOX 10134**

City **BAKERSFIELD** State **CA** Zip Code **93389-0134**

FEC ID number of contributing federal political committee. **C C00428052**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 24 / 2015**

**Transaction ID : SA11.47759**

Amount of Each Receipt this Period  
**5000.00**

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**MARSH & MCLENNAN COMPANIES, INC. PAC (MMCPAC)**

Mailing Address **1166 AVENUE OF THE AMERICAS**

City **NEW YORK** State **NY** Zip Code **10036-2708**

FEC ID number of contributing federal political committee. **C C00457234**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**02 / 20 / 2015**

**Transaction ID : SA11.47755**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**MCDONALDS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **2111 MCDONALDS DRIVE  
DEPT. 213**

City **OAK BROOK** State **IL** Zip Code **60523-5500**

FEC ID number of contributing federal political committee. **C C00063164**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**01 / 26 / 2015**

**Transaction ID : SA11.48188**

Amount of Each Receipt this Period  
**1000.00**

CONTRIBUTION

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

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

**7000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MORGAN STANLEY PAC**

Mailing Address 1585 BROADWAY  
FLOOR 9

City NEW YORK State NY Zip Code 10036-8200

FEC ID number of contributing federal political committee. **C C00337626**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11.48249**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

Mailing Address 3138 10TH STREET N

City ARLINGTON State VA Zip Code 22201-2160

FEC ID number of contributing federal political committee. **C C00040659**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.47747**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**

Mailing Address 122 C STREET NW  
SUITE 540

City WASHINGTON State DC Zip Code 20001-2102

FEC ID number of contributing federal political committee. **C C00170258**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11.47969**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A. NATIONAL INSTALLMENT LENDERS ASSOCIATION PAC (NILA)**

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

City State Zip Code  
D.C. DC 20035-

FEC ID number of contributing federal political committee. **C C00465211**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.48086**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

**B. NEW YORK LIFE INSURANCE PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 51 MADISON AVENUE  
ROOM 1109

City State Zip Code  
NEW YORK NY 10010-1603

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.47748**

Amount of Each Receipt this Period  
 1250.00

CONTRIBUTION

**C. NEW YORK LIFE INSURANCE PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 51 MADISON AVENUE  
ROOM 1109

City State Zip Code  
NEW YORK NY 10010-1603

FEC ID number of contributing federal political committee. **C C00158881**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2015

**Transaction ID : SA11.47758**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NMHC PAC**

Mailing Address 1850 M STREET NW  
SUITE 540

City WASHINGTON State DC Zip Code 20036-5816

FEC ID number of contributing federal political committee. **C C00130773**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 19 / 2015

**Transaction ID : SA11.47745**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1301 K STREET NW  
SUITE 800-WEST

City WASHINGTON State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA11.47754**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1301 K STREET NW  
SUITE 800-WEST

City WASHINGTON State DC Zip Code 20005-3317

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.48078**

Amount of Each Receipt this Period  
 2000.00  
 CONTRIBUTION

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

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

Mailing Address 1150 17TH STREET NW  
SUITE 310

City WASHINGTON State DC Zip Code 20036-4623

FEC ID number of contributing federal political committee. **C** C00079681

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.47788**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAIN STREET PAC**

Mailing Address 1220 L STREET NW  
SUITE 100-263

City WASHINGTON State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.47996**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**SECURITY FINANCE CORPORATION OF SPARTANBURG AND AF**

Mailing Address

City SPARTANBURG State SC Zip Code 29304-

FEC ID number of contributing federal political committee. **C** C00387753

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.48085**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**STATE FARM PAC**

Mailing Address 1 STATE FARM PLZ

City BLOOMINGTON State IL Zip Code 61710-0001

FEC ID number of contributing federal political committee. **C C00544817**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA11.47757**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**T-MOBILE USA PAC**

Mailing Address 601 PENNSYLVANIA AVENUE NW  
SUITE 800 NORTH BLDG.

City WASHINGTON State DC Zip Code 20004-2710

FEC ID number of contributing federal political committee. **C C00361758**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2015

**Transaction ID : SA11.47743**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**THE GOLDMAN SACHS GROUP, INC. PAC**

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 1000E

City WASHINGTON State DC Zip Code 20001-2171

FEC ID number of contributing federal political committee. **C C00350744**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.47737**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TIAA-CREF PAC**

Mailing Address 1101 PENNSYLVANIA AVENUE NW  
SUITE 800

City WASHINGTON State DC Zip Code 20004-2526

FEC ID number of contributing federal political committee. **C** C00431361

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11.48023**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address 1828 L STREET NW  
SUITE 705

City WASHINGTON State DC Zip Code 20036-5107

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11.47878**

Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

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

Mailing Address PO BOX 11586

City WASHINGTON State DC Zip Code 20008-0786

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 24 / 2015

**Transaction ID : SA11.47997**

Amount of Each Receipt this Period  
 2500.00  
 CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**TYCO INTERNATIONAL EMPLOYEES PAC**

Mailing Address **9 ROSZEL ROAD**

City **PRINCETON** State **NJ** Zip Code **08540-6205**

FEC ID number of contributing federal political committee. **C C00113753**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 26 / 2015**

**Transaction ID : SA11.48189**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**UBS AMERICAS INC. PAC**

Mailing Address **400 ATLANTIC STREET  
C O PER DYRVIK**

City **STAMFORD** State **CT** Zip Code **06901-3512**

FEC ID number of contributing federal political committee. **C C00012245**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11.47964**

Amount of Each Receipt this Period  
 2500.00

CONTRIBUTION

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

Mailing Address **800 NICOLLET MALL**

City **MINNEAPOLIS** State **MN** Zip Code **55402-7000**

FEC ID number of contributing federal political committee. **C C00018036**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 16 / 2015**

**Transaction ID : SA11.47968**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**VANTIV, INC. GOOD GOVERNMENT FUND**

Mailing Address 8500 GOVERNORS HILL DR

City State Zip Code  
CIN OH 45249-1384

FEC ID number of contributing federal political committee. **C C00561647**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.48088**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**VISA U.S.A. INC. PAC**

Mailing Address 1300 CONNECTICUT AVENUE NW  
SUITE 900

City State Zip Code  
WASHINGTON DC 20036-1714

FEC ID number of contributing federal political committee. **C C00365122**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.48251**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
**WORLD ACCEPTANCE CORPORATION POLITICAL ACTION COMM**

Mailing Address PO BOX 6429

City State Zip Code  
GREENVILLE SC 29606-6429

FEC ID number of contributing federal political committee. **C C00370577**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

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

**Transaction ID : SA11.47789**

Amount of Each Receipt this Period  
1000.00  
CONTRIBUTION

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

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

3000.00

121250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 126
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**DUFFY FOR WISCONSIN**

Mailing Address 8401 EXCELSIOR DRIVE  
SUITE 103

City MADISON State WI Zip Code 53717-2908

FEC ID number of contributing federal political committee. **C** C00544312

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5388.49

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2015

**Transaction ID : SA12.48191**

Amount of Each Receipt this Period  
5388.49

TRANSFER FROM JFC

SEE ATTRIBUTION BELOW

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

Mailing Address 1710 BELLEWOOD DRIVE

City WAUNAKEE State WI Zip Code 53597-2676

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

Name of Employer Occupation  
SENTRY INSURANCE GROUP SENIOR VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA12.48195**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address 2640 RUSSET DRIVE

City PLOVER State WI Zip Code 54467-2538

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

Name of Employer Occupation  
SENTRY INSURANCE EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA12.48203**

Amount of Each Receipt this Period  
750.00

CONTRIBUTION

**[MEMO ITEM]**

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

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

5388.49

**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 72 OF 126
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**JAMES FRANK**

Mailing Address 1101 NOTTINGHAM DRIVE

City Plover State WI Zip Code 54467-2563

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

Name of Employer SENTRY INSURANCE Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA12.48202**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address 1842 FLOWING BROOK ROAD

City Plover State WI Zip Code 54467-3053

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

Name of Employer SENTRY INSURANCE Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA12.48204**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 500.00

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address 1801 W ZINDA DRIVE

City Stevens Point State WI Zip Code 54481-3450

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

Name of Employer SENTRY INSURANCE Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA12.48206**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

CONTRIBUTION

**[MEMO ITEM]**

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

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

\_\_\_\_\_ 0.00

\_\_\_\_\_

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 126
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>TIMOTHY KELLY</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Mailing Address 1840 NORWAY PINE DRIVE		<b>Transaction ID : SA12.48209</b>
City PLOVER	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer SENTRY INSURANCE	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>LIANNE KOBUSSEN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Mailing Address 891 EDDINGTON DRIVE		<b>Transaction ID : SA12.48201</b>
City SUN PRAIRIE	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer SENTRY INSURANCE	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>CHRISTOPHER MEADOWS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Mailing Address 2117 MAIN STREET		<b>Transaction ID : SA12.48207</b>
City STEVENS POINT	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer SENTRY INSURANCE	Occupation EXECUTIVE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> 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)	PAGE 74 OF 126
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**ELISHA ROBINSON**

Mailing Address 1636 WHISPERING OAKS TRAIL

City MOSINEE State WI Zip Code 54455-7761

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

Name of Employer SENTRY INSURANCE Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA12.48205**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address 2401 FALCONS COVE

City STEVENS POINT State WI Zip Code 54482-8969

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

Name of Employer SENTRY INSURANCE GROUP Occupation CFO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA12.48197**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**[MEMO ITEM]**

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

Mailing Address 1855 FLOWING BROOK COURT

City PLOVER State WI Zip Code 54467-3053

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

Name of Employer SENTRY INSURANCE Occupation EXECUTIVE

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 25 / 2014

**Transaction ID : SA12.48208**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

**[MEMO ITEM]**

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 126
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>MARK TRAUTSCHOLD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Mailing Address 4272 WINDSONG PLACE		<b>Transaction ID : SA12.48198</b>
City PLOVER	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SENTRY INSURANCE GROUP	Occupation CHIEF CLAIMS OFFICER	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>JAMES WEISHAN</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Mailing Address 1349 WESTMORE COURT		<b>Transaction ID : SA12.48196</b>
City STEVENS POINT	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer SENTRY INSURANCE GROUP	Occupation CHIEF INVESTMENT OFFICE	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>MICHAEL WILLIAMS</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 25 / 2014
Mailing Address 604 N MAPLE BLUFF COURT		<b>Transaction ID : SA12.48200</b>
City STEVENS POINT	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SENTRY INSURANCE GROUP	Occupation VP CHIEF ACTUARY	CONTRIBUTION
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> 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)	PAGE 78 OF 126
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 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)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**RIVER VALLEY BANK**

Mailing Address 101 SCOTT STREET

City WAUSAU State WI Zip Code 54403-4814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
745.86

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2015

**Transaction ID : SA15.5781**

Amount of Each Receipt this Period  
148.42

**BANK INTEREST**

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

Mailing Address 101 SCOTT STREET

City WAUSAU State WI Zip Code 54403-4814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
745.86

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2015

**Transaction ID : SA15.5782**

Amount of Each Receipt this Period  
134.09

**BANK INTEREST**

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

Mailing Address 101 SCOTT STREET

City WAUSAU State WI Zip Code 54403-4814

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
745.86

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

**Transaction ID : SA15.5783**

Amount of Each Receipt this Period  
157.75

**BANK INTEREST**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	440.26
<b>TOTAL</b> This Period (last page this line number only).....	440.26

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. SEAN DUFFY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 18 / 2015
Mailing Address P.O. BOX 538		Amount of Each Disbursement this Period 66.00 <b>Transaction ID : SB17.I5838</b>
City WAUSAU	State WI	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type
Candidate Name <b>SEAN DUFFY</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WI	District: 07	

Full Name (Last, First, Middle Initial) <b>B. CHARLIE DENT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 101 NORTH CAROLINA AVE SE #F APT. F		Amount of Each Disbursement this Period 225.00 <b>Transaction ID : SB17.I5828</b>
City WASHINGTON	State DC	
Purpose of Disbursement MEMBERSHIP DUES		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. JESSE GARZA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 885 TROUT BROOK ROAD		Amount of Each Disbursement this Period 217.70 <b>Transaction ID : SB17.I5830</b>
City HUDSON	State WI	
Purpose of Disbursement MILEAGE REIMBURSEMENT		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	508.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. LAURA GRALTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015
Mailing Address W330 N4298 GLEN PARC CR		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.I5831</b>
City NASHOTAH State WI Zip Code 53058	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LAURA GRALTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address W330 N4298 GLEN PARC CR		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.I5832</b>
City NASHOTAH State WI Zip Code 53058	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LAURA GRALTON</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address W330 N4298 GLEN PARC CR		Amount of Each Disbursement this Period 314.00 <b>Transaction ID : SB17.I6026</b>
City NASHOTAH State WI Zip Code 53058	Purpose of Disbursement EXPENSE REIMBURSEMENT	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4314.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2015
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period 245.00
City WAUSAU State WI Zip Code 54401-8119	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I6027 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. MAGGIE MULVANEY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 940 S 25TH STREET APT 5		Amount of Each Disbursement this Period 449.37
City WAUSAU State WI Zip Code 54403-8641	Purpose of Disbursement EXPENSE REIMBURSEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I5834
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. AIR TRAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2015
Mailing Address		Amount of Each Disbursement this Period 25.00
City State Zip Code	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I6023 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	449.37
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 3030 N AIRPORT ROAD		Amount of Each Disbursement this Period 312.60
City MANKATO State MN Zip Code 56001-7561	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I6025
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. NERISSA NELSON</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 1009 FOURTH AVENUE		Amount of Each Disbursement this Period 285.40
City STEVENS POINT State WI Zip Code 54481	Purpose of Disbursement EXPENSE REIMBURSEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I5836
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. LLOYD PENDLETON</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2015
Mailing Address 245 S 300 EAST		Amount of Each Disbursement this Period 747.09
City BOUNTIFUL State UT Zip Code 84101	Purpose of Disbursement EXPENSE REIMBURSEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I5833
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1032.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address 3030 N AIRPORT ROAD		Amount of Each Disbursement this Period 605.20
City MANKATO State MN Zip Code 56001-7561	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I6029 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 1666.66
City HAUPPAUGE State NY Zip Code 11788	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I5786
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. MAGGIE MULVANEY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 940 S 25TH STREET APT 5		Amount of Each Disbursement this Period 1666.66
City WAUSAU State WI Zip Code 54403-8641	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	Transaction ID : SB17.I6021 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1666.66
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 84 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 1666.66
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I5787
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MAGGIE MULVANEY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2015
Mailing Address 940 S 25TH STREET APT 5		Amount of Each Disbursement this Period 1666.66
City WAUSAU	State WI	
Zip Code 54403-8641	Purpose of Disbursement FUNDRAISING CONSULTING	Transaction ID : SB17.I6020
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 1358.97
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I5788
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3025.63
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. CHANDLER SWANSEN</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 6902 WESTON RIDGE #40		Amount of Each Disbursement this Period 4,500.00 Transaction ID : SB17.I6019
City WESTON State WI Zip Code 54476	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2015
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.I5789
City HAUPPAUGE State NY Zip Code 11788	Purpose of Disbursement PAYROLL PROCESSING FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2015
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 451.71 Transaction ID : SB17.I5790
City HAUPPAUGE State NY Zip Code 11788	Purpose of Disbursement PAYROLL TAX	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	496.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2015		
Mailing Address 140 FELL COURT			Amount of Each Disbursement this Period 155.80		
City HAUPPAUGE	State NY	Zip Code 11788	Transaction ID : SB17.I5791		
Purpose of Disbursement PAYROLL TAX		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015		
Mailing Address 140 FELL COURT			Amount of Each Disbursement this Period 1358.97		
City HAUPPAUGE	State NY	Zip Code 11788	Transaction ID : SB17.I5792		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. CHANDLER SWANSEN</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015		
Mailing Address 6902 WESTON RIDGE #40			Amount of Each Disbursement this Period 1358.97		
City WESTON	State WI	Zip Code 54476	Transaction ID : SB17.I6018		
Purpose of Disbursement PAYROLL		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1514.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2015</b>
Mailing Address <b>140 FELL COURT</b>		Amount of Each Disbursement this Period <b>45.00</b>
City <b>HAUPPAUGE</b> State <b>NY</b> Zip Code <b>11788</b>	Purpose of Disbursement <b>PAYROLL PROCESSING FEES</b>	
Candidate Name		<b>Transaction ID : SB17.I5793</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 13 / 2015</b>
Mailing Address <b>140 FELL COURT</b>		Amount of Each Disbursement this Period <b>451.71</b>
City <b>HAUPPAUGE</b> State <b>NY</b> Zip Code <b>11788</b>	Purpose of Disbursement <b>PAYROLL TAX</b>	
Candidate Name		<b>Transaction ID : SB17.I5794</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2015</b>
Mailing Address <b>140 FELL COURT</b>		Amount of Each Disbursement this Period <b>155.80</b>
City <b>HAUPPAUGE</b> State <b>NY</b> Zip Code <b>11788</b>	Purpose of Disbursement <b>PAYROLL TAX</b>	
Candidate Name		<b>Transaction ID : SB17.I5795</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>652.51</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 126		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 1358.97
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I5796
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CHANDLER SWANSEN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 6902 WESTON RIDGE #40		Amount of Each Disbursement this Period 1358.97
City WESTON	State WI	
Zip Code 54476	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I6017
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2015
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 45.00
City HAUPPAUGE	State NY	
Zip Code 11788	Purpose of Disbursement PAYROLL PROCESSING FEES	Transaction ID : SB17.I5797
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1403.97
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. ACCOUNTANTS WORLD</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 140 FELL COURT		Amount of Each Disbursement this Period 451.71 <b>Transaction ID : SB17.I5798</b>
City HAUPPAUGE State NY Zip Code 11788	Purpose of Disbursement PAYROLL TAX	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ACCURATE WORD, LLC.</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 4481 WHITE PLAINS LANE		Amount of Each Disbursement this Period 559.53 <b>Transaction ID : SB17.I5799</b>
City WHITE PLAINS State MD Zip Code 20695-3018	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ASPECT CONSULTING LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 8401 EXCELSIOR DRIVE #103 SUITE 103		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.I5800</b>
City MADISON State WI Zip Code 53717-2908	Purpose of Disbursement COMPLIANCE CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4011.24
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. CAMPAIGN SOLUTIONS</b>		M M / D D / Y Y Y Y 02 / 04 / 2015
Mailing Address 117 N SAINT ASAPH STREET		Amount of Each Disbursement this Period
City ALEXANDRIA	State VA	Zip Code 22314-3109
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	
Candidate Name	Transaction ID : SB17.I5803	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. CAMPAIGN SOLUTIONS</b>		M M / D D / Y Y Y Y 02 / 28 / 2015
Mailing Address 117 N SAINT ASAPH STREET		Amount of Each Disbursement this Period
City ALEXANDRIA	State VA	Zip Code 22314-3109
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	
Candidate Name	Transaction ID : SB17.I5804	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. CAMPAIGN SOLUTIONS</b>		M M / D D / Y Y Y Y 03 / 31 / 2015
Mailing Address 117 N SAINT ASAPH STREET		Amount of Each Disbursement this Period
City ALEXANDRIA	State VA	Zip Code 22314-3109
Purpose of Disbursement CREDIT CARD PROCESSING FEE	Category/Type	
Candidate Name	Transaction ID : SB17.I6022	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	707.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. EAU CLAIRE GOLF &amp; COUNTRY CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 828 CLUBVIEW LANE		Amount of Each Disbursement this Period 451.65 <b>Transaction ID : SB17.I5805</b>
City ALTOONA State WI Zip Code 54720	Purpose of Disbursement FUNDRAISER CATERING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MOXIE CREATIVE STUDIO</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 2300 LUPINE ROAD		Amount of Each Disbursement this Period 1450.00 <b>Transaction ID : SB17.I5809</b>
City WAUSAU State WI Zip Code 54401	Purpose of Disbursement GRAPHIC DESIGN	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 911 PANORAMA TRAIL S		Amount of Each Disbursement this Period 70.00 <b>Transaction ID : SB17.I5810</b>
City ROCHESTER State NY Zip Code 14625-2311	Purpose of Disbursement PAYROLL PROCESSING FEES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1971.65
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. PAYCHEX</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		10		2015
M M	/	D D	/	Y Y Y Y									
02		10		2015									
Mailing Address 911 PANORAMA TRAIL S		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>ROCHESTER</td> <td>NY</td> <td>14625-2311</td> </tr> </table>		City	State	Zip Code	ROCHESTER	NY	14625-2311	<table border="1"> <tr> <td>274.75</td> </tr> </table>		274.75			
City	State	Zip Code											
ROCHESTER	NY	14625-2311											
274.75													
Purpose of Disbursement PAYROLL TAX		Transaction ID : SB17.I5811											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B. PAYCHEX</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>03</td> <td></td> <td>10</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		10		2015
M M	/	D D	/	Y Y Y Y									
03		10		2015									
Mailing Address 911 PANORAMA TRAIL S		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>ROCHESTER</td> <td>NY</td> <td>14625-2311</td> </tr> </table>		City	State	Zip Code	ROCHESTER	NY	14625-2311	<table border="1"> <tr> <td>75.00</td> </tr> </table>		75.00			
City	State	Zip Code											
ROCHESTER	NY	14625-2311											
75.00													
Purpose of Disbursement PAYROLL PROCESSING FEES		Transaction ID : SB17.I5812											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C. PRESTO PRINTS</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>16</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	01		16		2015
M M	/	D D	/	Y Y Y Y									
01		16		2015									
Mailing Address P.O. BOX 1264		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>WAUSAU</td> <td>WI</td> <td>54402-5440</td> </tr> </table>		City	State	Zip Code	WAUSAU	WI	54402-5440	<table border="1"> <tr> <td>349.99</td> </tr> </table>		349.99			
City	State	Zip Code											
WAUSAU	WI	54402-5440											
349.99													
Purpose of Disbursement PRINTING		Transaction ID : SB17.I5814											
Candidate Name		Category/Type											
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	699.74
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. REVIRESCO CONSULTING</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address 213 LINDEN STREET		Amount of Each Disbursement this Period 1250.00 <b>Transaction ID : SB17.I5815</b>
City WINNETKA State IL Zip Code 60093-4030	Purpose of Disbursement FUNDRAISING CONSULTING	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. RIVER VALLEY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2015
Mailing Address 101 SCOTT STREET		Amount of Each Disbursement this Period 34.00 <b>Transaction ID : SB17.I5816</b>
City WAUSAU State WI Zip Code 54403-4814	Purpose of Disbursement BANK FEE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. RIVER VALLEY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 101 SCOTT STREET		Amount of Each Disbursement this Period 8374.53 <b>Transaction ID : SB17.I5817</b>
City WAUSAU State WI Zip Code 54403-4814	Purpose of Disbursement CREDIT CARD PAYMENT *SEE ITEMIZATION*	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9658.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. APPLE STORE, PENTAGON CITY</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 1100 S HAYES STREET		Amount of Each Disbursement this Period 31.75
City ARLINGTON State VA Zip Code 22202-4907	Purpose of Disbursement PHONE EQUIPMENT	
Candidate Name		Transaction ID : SB17.I5843 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. APPLE STORE, PENTAGON CITY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address 1100 S HAYES STREET		Amount of Each Disbursement this Period 270.88
City ARLINGTON State VA Zip Code 22202-4907	Purpose of Disbursement PHONE EQUIPMENT	
Candidate Name		Transaction ID : SB17.I5845 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. BUDGET RENTAL CAR</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 6 SYLVAN WAY		Amount of Each Disbursement this Period 248.28
City PARSIPPANY State NJ Zip Code 07054	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5850 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. BUDGET RENTAL CAR</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2015
Mailing Address 6 SYLVAN WAY		Amount of Each Disbursement this Period 1239.88
City PARSIPPANY	State NJ	
Zip Code 07054	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I5851
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BUDGET RENTAL CAR</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address 6 SYLVAN WAY		Amount of Each Disbursement this Period 257.96
City PARSIPPANY	State NJ	
Zip Code 07054	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I5852
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAMPO DE FIORI</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 100 EAST MEADOW DRIVE #24		Amount of Each Disbursement this Period 331.00
City VAIL	State CO	
Zip Code 81657	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.I5860
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

**A. COLORADO MOUNTAIN EXPRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 181 WEST MEADOW DRIVE

City VAIL State CO Zip Code 81657

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 09 / 2015

Amount of Each Disbursement this Period: 153.00

Transaction ID : SB17.I5864

[MEMO ITEM]

**B. COLORADO MOUNTAIN EXPRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 181 WEST MEADOW DRIVE

City VAIL State CO Zip Code 81657

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 01 / 09 / 2015

Amount of Each Disbursement this Period: 469.00

Transaction ID : SB17.I5865

[MEMO ITEM]

**C. CONGRESSIONAL INSTITUTE, INC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1001 N FAIRFAX ST STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement REGISTRATION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 17 / 2014

Amount of Each Disbursement this Period: 738.00

Transaction ID : SB17.I5950

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 3030 N AIRPORT ROAD		Amount of Each Disbursement this Period 390.70
City MANKATO State MN Zip Code 56001-7561	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I5884 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DUNKIN DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address 801 PENNSYLVANIA AVENUE SE		Amount of Each Disbursement this Period 59.35
City WASHINGTON State DC Zip Code 20003-2167	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I5889 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX KINKO'S</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2015
Mailing Address 13155 NOEL ROAD SUITE 1600		Amount of Each Disbursement this Period 4.22
City DALLAS State TX Zip Code 75240	Purpose of Disbursement SHIPPING	
Candidate Name	Category/Type	Transaction ID : SB17.I5893 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. FEDEX KINKO'S</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 13155 NOEL ROAD SUITE 1600		Amount of Each Disbursement this Period 200.07
City DALLAS State TX Zip Code 75240	Purpose of Disbursement SHIPPING	
Candidate Name		Transaction ID : SB17.I5894
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. FEDEX KINKO'S</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 13155 NOEL ROAD SUITE 1600		Amount of Each Disbursement this Period 201.46
City DALLAS State TX Zip Code 75240	Purpose of Disbursement SHIPPING	
Candidate Name		Transaction ID : SB17.I5898
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. FOUR SEASONS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address 1 VAIL ROAD		Amount of Each Disbursement this Period 192.60
City VAIL State CO Zip Code 81657-5701	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5903
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. FRONTIER</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2015
Mailing Address PO BOX 492085		Amount of Each Disbursement this Period 272.10
City DENVER	State CO Zip Code 80249	
Purpose of Disbursement TRAVEL EXPENSE	Category/Type	Transaction ID : SB17.I5907
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. GOGOAIR.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2015
Mailing Address 1250 N ARLINGTON HEIGHTS RD		Amount of Each Disbursement this Period 49.95
City ITASCA	State IL Zip Code 60143-1286	
Purpose of Disbursement INTERNET	Category/Type	Transaction ID : SB17.I5908
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HERITAGE HOUSE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 919 SOUTH MAIN STREET		Amount of Each Disbursement this Period 398.25
City SNOWFLAKE	State AZ Zip Code 85937	
Purpose of Disbursement PRINTING	Category/Type	Transaction ID : SB17.I5916
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. HIAWATHA LOUNGE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 713 GRANT STREET		Amount of Each Disbursement this Period 818.23
City WAUSAU State WI Zip Code 54403	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.I5918 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. HOLIDAY INN &amp; CONFERENCE CTR</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 750 S CENTRAL AVE		Amount of Each Disbursement this Period 387.13
City MARSHFIELD State WI Zip Code 54449	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5920 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PIER 500</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 500 1ST ST		Amount of Each Disbursement this Period 310.17
City HUDSON State WI Zip Code 54016	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.I5951 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. SUN COUNTRY</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 1300 MENDOTA HEIGHTS RD		Amount of Each Disbursement this Period 616.70
City MENDOTA HEIGHTS State MN Zip Code 55120	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5963 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 77 W WACKER DRIVE		Amount of Each Disbursement this Period 434.60
City CHICAGO State IL Zip Code 60601-1604	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5979 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 77 W WACKER DRIVE		Amount of Each Disbursement this Period 539.60
City CHICAGO State IL Zip Code 60601-1604	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5980 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 77 W WACKER DRIVE		Amount of Each Disbursement this Period 539.60
City CHICAGO State IL Zip Code 60601-1604	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5981
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 77 W WACKER DRIVE		Amount of Each Disbursement this Period 159.00
City CHICAGO State IL Zip Code 60601-1604	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5983
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 77 W WACKER DRIVE		Amount of Each Disbursement this Period 159.00
City CHICAGO State IL Zip Code 60601-1604	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5984
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015
Mailing Address 77 W WACKER DRIVE		Amount of Each Disbursement this Period 6.99
City CHICAGO State IL Zip Code 60601-1604	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5985
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address 77 W WACKER DRIVE		Amount of Each Disbursement this Period 11.28
City CHICAGO State IL Zip Code 60601-1604	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5986
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 77 W WACKER DRIVE		Amount of Each Disbursement this Period 3.99
City CHICAGO State IL Zip Code 60601-1604	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5987
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. USAIRWAYS</b>		M M / D D / Y Y Y Y 12 / 17 / 2014	
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period	
City	State	Zip Code	135.10
PHOENIX	AZ	85034	
Purpose of Disbursement TRAVEL EXPENSE		Transaction ID : SB17.I5989	
Candidate Name		[MEMO ITEM]	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. USAIRWAYS</b>		M M / D D / Y Y Y Y 12 / 17 / 2014	
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period	
City	State	Zip Code	135.10
PHOENIX	AZ	85034	
Purpose of Disbursement TRAVEL EXPENSE		Transaction ID : SB17.I5990	
Candidate Name		[MEMO ITEM]	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. USAIRWAYS</b>		M M / D D / Y Y Y Y 12 / 17 / 2014	
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period	
City	State	Zip Code	135.10
PHOENIX	AZ	85034	
Purpose of Disbursement TRAVEL EXPENSE		Transaction ID : SB17.I5991	
Candidate Name		[MEMO ITEM]	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. USAIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 135.10
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I5992
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USAIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 135.10
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I5993
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USAIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 135.10
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I5994
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. USAIRWAYS</b>		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period
City PHOENIX State AZ Zip Code 85034		<input type="text" value="144.20"/>
Purpose of Disbursement TRAVEL EXPENSE		Transaction ID : SB17.I5995
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. USAIRWAYS</b>		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period
City PHOENIX State AZ Zip Code 85034		<input type="text" value="144.20"/>
Purpose of Disbursement TRAVEL EXPENSE		Transaction ID : SB17.I5996
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. USAIRWAYS</b>		<input type="text" value="12"/> / <input type="text" value="17"/> / <input type="text" value="2014"/>
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period
City PHOENIX State AZ Zip Code 85034		<input type="text" value="144.20"/>
Purpose of Disbursement TRAVEL EXPENSE		Transaction ID : SB17.I5997
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 107 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. USAIRWAYS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 4000 E SKY HARBOR BLVD		Amount of Each Disbursement this Period 135.10
City PHOENIX	State AZ	
Zip Code 85034	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I5998 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2015
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period 287.78
City WAUSAU	State WI	
Zip Code 54401-8119	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I6000 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2014
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 182.76
City LEHIGH VALLEY	State PA	
Zip Code 18002-5505	Purpose of Disbursement PHONE	Transaction ID : SB17.I6007 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 108 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2015
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 182.76
City LEHIGH VALLEY	State PA	
Zip Code 18002-5505	Purpose of Disbursement PHONE	Transaction ID : SB17.I6008
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WAGON WHEL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015
Mailing Address 3901 6TH STREET		Amount of Each Disbursement this Period 215.96
City WAUSAU	State WI	
Zip Code 54403	Purpose of Disbursement EVENT CATERING	Transaction ID : SB17.I6011
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALL STREET JOURNAL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2015
Mailing Address 1350 BROADWAY SUITE 2400		Amount of Each Disbursement this Period 41.81
City NEW YORK	State NY	
Zip Code 10018	Purpose of Disbursement SUBSCRIPTION	Transaction ID : SB17.I5872
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2014
Mailing Address 4300 RIB MOUNTAIN DRIVE		Amount of Each Disbursement this Period 115.00
City WAUSA State WI Zip Code 54401	Purpose of Disbursement OFFICE SUPPLIES	
Candidate Name		Transaction ID : SB17.I6012
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. RIVER VALLEY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2015
Mailing Address 101 SCOTT STREET		Amount of Each Disbursement this Period 11001.20
City WAUSAU State WI Zip Code 54403-4814	Purpose of Disbursement CREDIT CARD PAYMENT *SEE ITEMIZATION*	
Candidate Name		Transaction ID : SB17.I5818
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 4333 AMON CARTER BOULEVARD		Amount of Each Disbursement this Period 280.80
City FORT WORTH State TX Zip Code 76155	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name		Transaction ID : SB17.I5840
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11001.20
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 110 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. APPLE STORE, PENTAGON CITY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 17 / 2015</b>
Mailing Address <b>1100 S HAYES STREET</b>		Amount of Each Disbursement this Period <b>51.94</b>
City <b>ARLINGTON</b> State <b>VA</b> Zip Code <b>22202-4907</b>	Purpose of Disbursement <b>PHONE EQUIPMENT</b>	Transaction ID : <b>SB17.I5844</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 25 / 2015</b>
Mailing Address <b>4101 RIB MOUNTAIN DRIVE</b>		Amount of Each Disbursement this Period <b>223.76</b>
City <b>WAUSAU</b> State <b>WI</b> Zip Code <b>54401-0647</b>	Purpose of Disbursement <b>PHONE BILL</b>	Transaction ID : <b>SB17.I5846</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 26 / 2015</b>
Mailing Address <b>4101 RIB MOUNTAIN DRIVE</b>		Amount of Each Disbursement this Period <b>305.78</b>
City <b>WAUSAU</b> State <b>WI</b> Zip Code <b>54401-0647</b>	Purpose of Disbursement <b>PHONE BILL</b>	Transaction ID : <b>SB17.I5847</b> <b>[MEMO ITEM]</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. BUDGET RENTAL CAR</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2015
Mailing Address 6 SYLVAN WAY		Amount of Each Disbursement this Period 20.53
City PARSIPPANY	State NJ	
Zip Code 07054	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I5849
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2015
Mailing Address 3030 N AIRPORT ROAD		Amount of Each Disbursement this Period 615.10
City MANKATO	State MN	
Zip Code 56001-7561	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I5879
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2015
Mailing Address 3030 N AIRPORT ROAD		Amount of Each Disbursement this Period 237.60
City MANKATO	State MN	
Zip Code 56001-7561	Purpose of Disbursement TRAVEL EXPENSE	Transaction ID : SB17.I5880
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. DUNKIN DONUTS</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address 801 PENNSYLVANIA AVENUE SE		Amount of Each Disbursement this Period 357.23
City WASHINGTON State DC Zip Code 20003-2167	Purpose of Disbursement MEETING EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I5890 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. FEDEX KINKO'S</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 13155 NOEL ROAD SUITE 1600		Amount of Each Disbursement this Period 50.73
City DALLAS State TX Zip Code 75240	Purpose of Disbursement SHIPPING	
Candidate Name	Category/Type	Transaction ID : SB17.I5895 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FEDEX KINKO'S</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015
Mailing Address 13155 NOEL ROAD SUITE 1600		Amount of Each Disbursement this Period 18.16
City DALLAS State TX Zip Code 75240	Purpose of Disbursement SHIPPING	
Candidate Name	Category/Type	Transaction ID : SB17.I5896 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. FEDEX KINKO'S</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2015
Mailing Address 13155 NOEL ROAD SUITE 1600		Amount of Each Disbursement this Period 32.45
City DALLAS State TX Zip Code 75240	Purpose of Disbursement SHIPPING	
Candidate Name		Transaction ID : SB17.I5897
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. GOGOAIR.COM</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address 1250 N ARLINGTON HEIGHTS RD		Amount of Each Disbursement this Period 49.95
City ITASCA State IL Zip Code 60143-1286	Purpose of Disbursement INTERNET	
Candidate Name		Transaction ID : SB17.I5909
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. HARRIS TEETER</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2015
Mailing Address 1201 1ST STREET NE		Amount of Each Disbursement this Period 27.07
City WASHINGTON State DC Zip Code 20002-4274	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.I5914
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. HARRIS TEETER</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015		
Mailing Address 1201 1ST STREET NE			Amount of Each Disbursement this Period 327.81		
City WASHINGTON	State DC	Zip Code 20002-4274	Transaction ID : SB17.I5915		
Purpose of Disbursement EVENT CATERING		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. JETBLUE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2015		
Mailing Address 3915 SOUTH 700 W			Amount of Each Disbursement this Period 495.05		
City SALT LAKE CITY	State UT	Zip Code 84123	Transaction ID : SB17.I5927		
Purpose of Disbursement TRAVEL EXPENSE		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. NOBU RESTAURANT</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2015		
Mailing Address 1901 COLLINS AVENUE			Amount of Each Disbursement this Period 300.61		
City SOUTH BEACH	State FL	Zip Code 33139	Transaction ID : SB17.I5941		
Purpose of Disbursement EVENT CATERING		Category/ Type	[MEMO ITEM]		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. NOOSHI RESTAURANT</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address 524 8TH ST SE		Amount of Each Disbursement this Period 486.21
City D.C.	State DC Zip Code 20003	
Purpose of Disbursement EVENT CATERING	Category/Type	Transaction ID : SB17.I5942 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SIGNATURE PROMOTIONAL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2015
Mailing Address 4904 SANDY BROOK CIR		Amount of Each Disbursement this Period 3495.00
City WIMAUMA	State FL Zip Code 33598	
Purpose of Disbursement PRINTING	Category/Type	Transaction ID : SB17.I5957 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. THE MUSE HOTEL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2015
Mailing Address 130 W 46TH ST		Amount of Each Disbursement this Period 277.75
City NEW YORK	State NY Zip Code 10036-8501	
Purpose of Disbursement EVENT CATERING	Category/Type	Transaction ID : SB17.I5968 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE SHORE CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 24 / 2015</b>
Mailing Address <b>1901 COLLINS AVENUE</b>		Amount of Each Disbursement this Period <b>1759.64</b>
City <b>SOUTH BEACH</b> State <b>FL</b> Zip Code <b>33139</b>	Purpose of Disbursement <b>EVENT CATERING</b>	
Candidate Name		Transaction ID : <b>SB17.I5969</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>B. TRATTORIA ALBERTO</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2015</b>
Mailing Address <b>506 8TH STREET</b>		Amount of Each Disbursement this Period <b>417.00</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>EVENT CATERING</b>	
Candidate Name		Transaction ID : <b>SB17.I5974</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	<b>[MEMO ITEM]</b>

Full Name (Last, First, Middle Initial) <b>C. US HOUSE OF REPRESENTATIVES GIFT SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 28 / 2015</b>
Mailing Address <b>LONGWORTH BLDG.</b>		Amount of Each Disbursement this Period <b>62.70</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20515-0001</b>	Purpose of Disbursement <b>BOOKS</b>	
Candidate Name		Transaction ID : <b>SB17.I5921</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. US HOUSE OF REPRESENTATIVES GIFT SHOP</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2015
Mailing Address LONGWORTH BLDG.		Amount of Each Disbursement this Period 75.00
City WASHINGTON	State DC Zip Code 20515-0001	
Purpose of Disbursement BOOKS	Category/Type	Transaction ID : SB17.I5922 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address 2100 N MOUNTAIN RD		Amount of Each Disbursement this Period 68.30
City WAUSAU	State WI Zip Code 54401-8119	
Purpose of Disbursement POSTAGE	Category/Type	Transaction ID : SB17.I5999 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 182.94
City LEHIGH VALLEY	State PA Zip Code 18002-5505	
Purpose of Disbursement PHONE	Category/Type	Transaction ID : SB17.I6009 <b>[MEMO ITEM]</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. WALL STREET JOURNAL</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2015
Mailing Address 1350 BROADWAY SUITE 2400		Amount of Each Disbursement this Period 41.81
City NEW YORK State NY Zip Code 10018	Purpose of Disbursement SUBSCRIPTION	
Candidate Name		Transaction ID : SB17.I5873
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. RIVER VALLEY BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2015
Mailing Address 101 SCOTT STREET		Amount of Each Disbursement this Period 7932.47
City WAUSAU State WI Zip Code 54403-4814	Purpose of Disbursement CREDIT CARD PAYMENT *SEE ITEMIZATION*	
Candidate Name		Transaction ID : SB17.I5819
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2015
Mailing Address 300 FIRST STREET SE		Amount of Each Disbursement this Period 200.76
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement EVENT CATERING	
Candidate Name		Transaction ID : SB17.I5861
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7932.47
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 3030 N AIRPORT ROAD		Amount of Each Disbursement this Period 3.49
City MANKATO State MN Zip Code 56001-7561	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I5878 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. DELTA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2015
Mailing Address 3030 N AIRPORT ROAD		Amount of Each Disbursement this Period 158.60
City MANKATO State MN Zip Code 56001-7561	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I5881 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. DELTA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 3030 N AIRPORT ROAD		Amount of Each Disbursement this Period 790.20
City MANKATO State MN Zip Code 56001-7561	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I5882 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 126			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. DELTA AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 3030 N AIRPORT ROAD		Amount of Each Disbursement this Period 790.20
City MANKATO State MN Zip Code 56001-7561	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I5883 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. FOUR SEASONS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2015
Mailing Address 1 VAIL ROAD		Amount of Each Disbursement this Period 3587.28
City VAIL State CO Zip Code 81657-5701	Purpose of Disbursement EVENT CATERING	
Candidate Name	Category/Type	Transaction ID : SB17.I5902 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GOGOAIR.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 1250 N ARLINGTON HEIGHTS RD		Amount of Each Disbursement this Period 49.95
City ITASCA State IL Zip Code 60143-1286	Purpose of Disbursement INTERNET	
Candidate Name	Category/Type	Transaction ID : SB17.I5910 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. GOGOAIR.COM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2015</b>
Mailing Address <b>1250 N ARLINGTON HEIGHTS RD</b>		Amount of Each Disbursement this Period <b>599.40</b>
City <b>ITASCA</b> State <b>IL</b> Zip Code <b>60143-1286</b>	Purpose of Disbursement <b>INTERNET</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I5911</b> <b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TRIG'S</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2015</b>
Mailing Address <b>110 S 17TH AVENUE</b>		Amount of Each Disbursement this Period <b>550.68</b>
City <b>WAUSAU</b> State <b>WI</b> Zip Code <b>54401-4227</b>	Purpose of Disbursement <b>EVENT CATERING</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I5975</b> <b>[MEMO ITEM]</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. UNITED AIRLINES</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2015</b>
Mailing Address <b>77 W WACKER DRIVE</b>		Amount of Each Disbursement this Period <b>129.60</b>
City <b>CHICAGO</b> State <b>IL</b> Zip Code <b>60601-1604</b>	Purpose of Disbursement <b>TRAVEL EXPENSE</b>	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.I5982</b> <b>[MEMO ITEM]</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)  
**A. UNITED AIRLINES**

Mailing Address **77 W WACKER DRIVE**

City **CHICAGO** State **IL** Zip Code **60601-1604**

Purpose of Disbursement  
**TRAVEL EXPENSE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**03 / 12 / 2015**

Amount of Each Disbursement this Period  
**57.00**

Transaction ID : **SB17.I5988**

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. US HOUSE OF REPRESENTATIVES GIFT SHOP**

Mailing Address **LONGWORTH BLDG.**

City **WASHINGTON** State **DC** Zip Code **20515-0001**

Purpose of Disbursement  
**BOOKS**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**03 / 20 / 2015**

Amount of Each Disbursement this Period  
**169.00**

Transaction ID : **SB17.I5923**

**[MEMO ITEM]**

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

Mailing Address **2100 N MOUNTAIN RD**

City **WAUSAU** State **WI** Zip Code **54401-8119**

Purpose of Disbursement  
**POSTAGE**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**03 / 06 / 2015**

Amount of Each Disbursement this Period  
**10.66**

Transaction ID : **SB17.I6001**

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) ..... **0.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. VERIZON WIRELESS</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address PO BOX 25505		Amount of Each Disbursement this Period 182.94
City LEHIGH VALLEY	State PA	
Zip Code 18002-5505	Purpose of Disbursement PHONE	Transaction ID : SB17.I6010 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WALL STREET JOURNAL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2015
Mailing Address 1350 BROADWAY SUITE 2400		Amount of Each Disbursement this Period 41.81
City NEW YORK	State NY	
Zip Code 10018	Purpose of Disbursement SUBSCRIPTION	Transaction ID : SB17.I5874 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address 4300 RIB MOUNTAIN DRIVE		Amount of Each Disbursement this Period 86.09
City WAUSA	State WI	
Zip Code 54401	Purpose of Disbursement OFFICE SUPPLIES	Transaction ID : SB17.I6014 <b>[MEMO ITEM]</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 126			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. SAM'S CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2015
Mailing Address 4000 RIB MOUNTAIN DRIVE		Amount of Each Disbursement this Period 270.82
City WAUSAU State WI Zip Code 54401	Purpose of Disbursement EVENT FOOD	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I5820</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SUN PRINTING</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015
Mailing Address 1800 GRAND AVENUE		Amount of Each Disbursement this Period 10542.49
City WAUSAU State WI Zip Code 54403	Purpose of Disbursement PRINTING	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I5823</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

Full Name (Last, First, Middle Initial) <b>C. SWEETS ON 3RD</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2015
Mailing Address 615 3RD STREET		Amount of Each Disbursement this Period 296.88
City WAUSAU State WI Zip Code 54403-4832	Purpose of Disbursement EVENT FOOD	
Candidate Name	Category/Type	<b>Transaction ID : SB17.I5824</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11110.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 126	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. THE CONGRESSIONAL CLUB</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 18 / 2015</b>
Mailing Address <b>2001 NEW HAMPSHIRE AVE NW</b>		Amount of Each Disbursement this Period <b>125.00</b> <b>Transaction ID : SB17.I5825</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20009</b>	Purpose of Disbursement <b>MEMBERSHIP DUES</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 24 / 2015</b>
Mailing Address <b>2100 N MOUNTAIN RD</b>		Amount of Each Disbursement this Period <b>30.19</b> <b>Transaction ID : SB17.I5826</b>
City <b>WAUSAU</b> State <b>WI</b> Zip Code <b>54401-8119</b>	Purpose of Disbursement <b>POSTAGE</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>155.19</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>62312.15</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 126	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 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)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial) <b>A. BILLY LONG FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2015</b>
Mailing Address <b>3246 E RIDGEVIEW STREET</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.I5801</b>
City <b>SPRINGFIELD</b> State <b>MO</b> Zip Code <b>65804</b>	Purpose of Disbursement <b>CONTRIBUTION TO COMMITTEE</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BRUCE POLIQUIN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 31 / 2015</b>
Mailing Address <b>123 SNOW POND ROAD</b>		Amount of Each Disbursement this Period <b>1000.00</b> <b>Transaction ID : SB21.I5802</b>
City <b>OAKLAND</b> State <b>ME</b> Zip Code <b>04963</b>	Purpose of Disbursement <b>CONTRIBUTION TO COMMITTEE</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2000.00</b>