

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2022 JAN -6 PM 12:37  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Republican Party of The 6th Congressional District of Wisconsin

ADDRESS (number and street) 1160A W. Both Ave

Check if different than previously reported. (ACC) Oshkosh WI 54902

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00008755

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on MM / DD / YYYY in the State of  

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

General (30G)  Runoff (30R)  Special (30S)

Election on MM / DD / YYYY in the State of  

5. Covering Period MM / DD / YYYY through MM / DD / YYYY

10 / 01 / 2020 through 12 / 31 / 2020

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 John R Wieland

Signature of Treasurer John R Wieland Date MM / DD / YYYY

09 / 21 / 2021

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

NON-FEDERAL CAMPAIGN REPORT

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Republican Party of the 6th Congressional District of WI

Report Covering the Period: From:

To:

|  | COLUMN A<br>This Period              | COLUMN B<br>Calendar Year-to-Date    |
|--|--------------------------------------|--------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2020"/>                                      |                                      | <input type="text" value="213360"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="228826"/>  |                                      |
| (c) Total Receipts (from Line 19).....   | <input type="text" value="1443458"/> | <input type="text" value="2109451"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | <input type="text" value="1672284"/> | <input type="text" value="2322811"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="1398107"/> | <input type="text" value="2048634"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | <input type="text" value="274177"/>  | <input type="text" value="274177"/>  |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | <input type="text" value=""/>        |                                      |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | <input type="text" value=""/>        |                                      |

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

**For further information contact:**

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

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

NONDISCRIMINATION NOTICE

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Republican Party of the 6th Congressional District of Wisconsin

Report Covering the Period: From:

MM / DD / YYYY  
10 / 01 / 2020

To:

MM / DD / YYYY  
12 / 31 / 2020

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees  
(i) Itemized (use Schedule A).....

64,723.7

89,342.3

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

64,723.7

89,342.3

(b) Political Party Committees.....

7,961.00

11,906.00

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

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

14,433.7

20,840.23

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

121

254.28

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

14,434.58

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

14,434.58

2,109.451

NON-FEDERAL LEVIN FUNDS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

|  |            |           |
|--|------------|-----------|
| 21. Operating Expenditures:  |            |           |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |            |           |
| (i) Federal Share .....  |            |           |
| (ii) Non-Federal Share.....  |            |           |
| (b) Other Federal Operating Expenditures .....   |            |           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        |            |           |
| 22. Transfers to Affiliated/Other Party Committees.....  |            |           |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 6,913.31   | 11,890.94 |
| 24. Independent Expenditures (use Schedule E) .....  |            |           |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                |            |           |
| 26. Loan Repayments Made.....  |            |           |
| 27. Loans Made.....  |            |           |
| 28. Refunds of Contributions To:   |            |           |
| (a) Individuals/Persons Other Than Political Committees .....                                  |            |           |
| (b) Political Party Committees .....   |            |           |
| (c) Other Political Committees (such as PACs).....   |            |           |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            |            |           |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 7,067.76   | 8,595.90  |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |            |           |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |            |           |
| (i) Federal Share .....  |            |           |
| (ii) "Levin" Share.....  |            |           |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           |            |           |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....             |            |           |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 113,981.07 | 20,486.34 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 113,981.07 | 20,486.34 |

NON-FEDERAL DISBURSEMENTS

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 14,433.37                     | 20,840.23                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            |                               |                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 14,433.37                     | 20,840.23                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... |                               |                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                |                               |                                   |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              |                               |                                   |

NONDISCLOSURE OF CONTRIBUTIONS

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

**ITEMIZED RECEIPTS**

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 1 OF 8                 |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 |
|   |                              |                                   | <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)  
*Republican Party of the 6th Congressional District of Wisconsin*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. *Lakin Tim*

Mailing Address  
*7 Aurora Lane*

City *Fond du Lac* State *WI* Zip Code *54935*

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

Name of Employer (for Individual) Occupation (for Individual)  
*Chief of Staff*

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
*10 09 2020*

Amount of Each Receipt this Period  
*50.00*

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. *Brami Rhonda*

Mailing Address  
*6524 Moenning Rd*

City *Sheboygan* State *WI* Zip Code *53081*

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

Name of Employer (for Individual) Occupation (for Individual)  
*R.N.*

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
*10 13 2020*

Amount of Each Receipt this Period  
*25.00*

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. *Brami Marc*

Mailing Address  
*6524 Moenning Rd.*

City *Sheboygan* State *WI* Zip Code *53081*

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

Name of Employer (for Individual) Occupation (for Individual)  
*Business Owner*

Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
*10 13 2020*

Amount of Each Receipt this Period  
*25.00*

Memo Item

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

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

*100.00*

RECEIVED 10/13/2020

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

**ITEMIZED RECEIPTS**

|   |   |                              |                              |                             |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       |                              | PAGE 2 OF 8                  |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   | <input type="checkbox"/> 17             |                              |                              |                             |

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NAME OF COMMITTEE (In Full)  
**Republican Party of the 6th Congressional District of Wisconsin**

A. **Kenekli's Ted**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**2514 North 11th**

City **Sheboygan** State **WI** Zip Code **53083**

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

Name of Employer (for Individual) Occupation (for Individual)  
**Professor**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**10/13/2020**

Amount of Each Receipt this Period  
**2500**

Memo Item

B. **Todd, Nan**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**2514 North 11th**

City **Sheboygan** State **WI** Zip Code **53083**

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

Name of Employer (for Individual) Occupation (for Individual)  
**Retired**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**10/13/2020**

Amount of Each Receipt this Period  
**2500**

Memo Item

C. **Ballwahndk Kathleen**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**2534 Babcock St.**

City **Plymouth** State **WI** Zip Code **53703**

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**10/13/2020**

Amount of Each Receipt this Period  
**121.87**

Memo Item

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

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

**17187**

NON-PROFIT CORPORATION

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

**ITEMIZED RECEIPTS**

|   |   |                              |                              |                             |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       |                              | PAGE 3 OF 8                  |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |   |                              |                              | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
*Republican Party of the 6th Congressional District of Wisconsin*

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Vollrath, Walter*

Mailing Address  
*W 5860 County Rd AN*

City *Elkhart Lake* State *WI* Zip Code *53020*

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

Name of Employer (for Individual) Occupation (for Individual)  
*Retired*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y  
*10 09 2020*

Amount of Each Receipt this Period  
*1,500.00*

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Vollrath, Mary*

Mailing Address  
*W 5860 County Rd AN*

City *Elkhart Lake* State *WI* Zip Code *53020*

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

Name of Employer (for Individual) Occupation (for Individual)  
*Retired.*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y  
*10 09 2020*

Amount of Each Receipt this Period  
*1,500.00*

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Toepel Carl*

Mailing Address  
*223 S. Wisconsin Drive*

City *Howards Grove* State *WI* Zip Code *53083*

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

Name of Employer (for Individual) Occupation (for Individual)  
*Retired*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y  
*10 09 2020*

Amount of Each Receipt this Period  
*25.00*

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ *3025.00*

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

NON-QUALIFIED CONTRIBUTIONS



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

**ITEMIZED RECEIPTS**

|   |   |             |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 4 OF 8 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |             |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |             |

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NAME OF COMMITTEE (In Full)  
*Republican Party of the 6th Congressional District of Wisconsin*

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Schappe, Gregory*

Mailing Address  
*PO Box 700154*

City  
*Doubsburg* State  
*WI* Zip Code  
*53070*

FEC ID number of contributing federal political committee.

Name of Employer (for Individual)  
 Occupation (for Individual)  
*Retired*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*10 09 2020*

Amount of Each Receipt this Period  
*2500*

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Conwell, Janice*

Mailing Address  
*4909 Evergreen Dr.*

City  
*Sheboygan* State  
*WI* Zip Code  
*53081*

FEC ID number of contributing federal political committee.

Name of Employer (for Individual)  
 Occupation (for Individual)  
*Retired*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*10 09 2020*

Amount of Each Receipt this Period  
*15000*

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*Nicholson, Kevin*

Mailing Address  
*W240N 3159 Hillcrest Dr.*

City  
*Delafield* State  
*WI* Zip Code  
*53072*

FEC ID number of contributing federal political committee.

Name of Employer (for Individual)  
 Occupation (for Individual)  
*Consultant*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*10 09 2020*

Amount of Each Receipt this Period  
*25000*

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ *42500*

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

NON-FEDERAL CONTRIBUTION

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

**ITEMIZED RECEIPTS**

|   |     |                                   |     |                          |     |
|---|-----|-----------------------------------|-----|--------------------------|-----|
| Use separate schedule(s) for each category of the Detailed Summary Page |     | FOR LINE NUMBER: (check only one) |     | PAGE 5 OF 8              |     |
| <input checked="" type="checkbox"/>                                     | 11a | <input type="checkbox"/>          | 11b | <input type="checkbox"/> | 11c |
| <input type="checkbox"/>  | 13  | <input type="checkbox"/>          | 14  | <input type="checkbox"/> | 12  |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          | 15  | <input type="checkbox"/> | 16  |
| <input type="checkbox"/>  |     | <input type="checkbox"/>          |     | <input type="checkbox"/> | 17  |

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NAME OF COMMITTEE (In Full)  
*Republican Party of the 10th Congressional District of Wisconsin*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Krebsbach Gerald**

Mailing Address  
*N5875 County Road M*

City *Plymouth* State *WI* Zip Code *53073*

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

Name of Employer (for Individual) Occupation (for Individual)  
*Retired*

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
*10 09 2020*

Amount of Each Receipt this Period  
*250.00*

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Katsma Terry**

Mailing Address  
*705 Erie Ave*

City *Dostburg* State *WI* Zip Code *53070*

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

Name of Employer (for Individual) Occupation (for Individual)  
*State Leg.*

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
*10 09 2020*

Amount of Each Receipt this Period  
*50.00*

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Vorpagel for Assembly**

Mailing Address  
*PO Box 41*

City *Plymouth* State *WI* Zip Code *53073*

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

Name of Employer (for Individual) Occupation (for Individual)  
*State Leg.*

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt  
*10 09 2020*

Amount of Each Receipt this Period  
*300.00*

Memo Item

SUBTOTAL of Receipts This Page (optional)..... *600.00*

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

RECEIVED FROM THE COMMONS

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

**ITEMIZED RECEIPTS**

|   |  |                              |                              |                             |                             |                             |                             |                             |
|---|--|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE <u>6</u> OF <u>8</u> |                              |                              |                             |                             |                             |                             |                             |
|   | <input checked="" type="checkbox"/> 11a    | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |

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NAME OF COMMITTEE (In Full)  
Republican Party of the 6th Congressional District of WI

|  |                    |   |   |  |  |
|--|--------------------|---|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>A. <u>Gasper Dennis</u> |                    |   | Date of Receipt<br>10 09 2020                       |  |  |
| Mailing Address<br><u>N6287 River Heights Drive</u>  |                    |   | Amount of Each Receipt this Period<br><u>200.00</u> |  |  |
| City<br><u>Plymouth</u>  | State<br><u>WI</u> | Zip Code<br><u>53073</u>                      |   |  |  |
| FEC ID number of contributing federal political committee.<br><u>C</u>                                     |                    |   | Memo Item   |  |  |
| Name of Employer (for Individual)  |                    | Occupation (for Individual)<br><u>Retired</u> |   | Receipt For:                               |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General  |                    | Aggregate Year-to-Date ▼                      |   | <input type="checkbox"/> Other (specify) ▼ |  |

|   |                    |   |   |  |  |
|---|--------------------|---|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>B. <u>Brill, Keith</u> |                    |   | Date of Receipt<br>10 09 2020                       |  |  |
| Mailing Address<br><u>320 S. 8th Street.</u>  |                    |   | Amount of Each Receipt this Period<br><u>200.00</u> |  |  |
| City<br><u>Oostburg</u>   | State<br><u>WI</u> | Zip Code<br><u>53070</u>                      |   |  |  |
| FEC ID number of contributing federal political committee.<br><u>C</u>                                    |                    |   | Memo Item   |  |  |
| Name of Employer (for Individual)   |                    | Occupation (for Individual)<br><u>Retired</u> |   | Receipt For:                               |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   |                    | Aggregate Year-to-Date ▼                      |   | <input type="checkbox"/> Other (specify) ▼ |  |

|   |                    |                             |   |  |  |
|---|--------------------|-----------------------------|---|--|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>C. <u>Friends of Devin Lemahiehl</u> |                    |                             | Date of Receipt<br>10 09 2020                       |  |  |
| Mailing Address<br><u>PO Box 700200.</u>  |                    |                             | Amount of Each Receipt this Period<br><u>500.00</u> |  |  |
| City<br><u>Oostburg</u>   | State<br><u>WI</u> | Zip Code<br><u>53070</u>    |   |  |  |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |                    |                             | Memo Item   |  |  |
| Name of Employer (for Individual)   |                    | Occupation (for Individual) |   | Receipt For:                             |  |
| <input type="checkbox"/> Primary <input type="checkbox"/> General   |                    | Aggregate Year-to-Date ▼    |   | <input type="checkbox"/> Other (specify) |  |

|   |               |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶           | <u>450.00</u> |
| TOTAL This Period (last page this line number only).....▶ |               |

NONN-01-10-01-GORNON-001

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

**ITEMIZED RECEIPTS**

|   |   |                              |                              |                             |                             |
|---|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 OF 8            |                              |                              |                             |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 17 |
|   | 13                                      | 14                           | 15                           | 16                          |                             |

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

NAME OF COMMITTEE (In Full)  
**Republican Party of the 6th Congressional District of Wisconsin**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Soucek Scott.**

Mailing Address  
**205 N. 16th Place**

City **Sturgeon Bay** State **WI** Zip Code **54235**

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**10 13 2020**

Amount of Each Receipt this Period  
**150.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ~~Walter (Shirley)~~ Pariso John**

Mailing Address  
**~~4300 E. Ferry Road~~ 4906 Mueller Rd.**

City **Sheboygan** State **WI** Zip Code **53083**

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

Name of Employer (for Individual) Occupation (for Individual)  
**Retired**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**11 23 2020**

Amount of Each Receipt this Period  
**60.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Romanoski Randy**

Mailing Address  
**229 Phillip Ct.**

City **Kohler** State **WI** Zip Code **53044**

FEC ID number of contributing federal political committee. **IC1**

Name of Employer (for Individual) Occupation (for Individual)  
**President.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**12 02 2020**

Amount of Each Receipt this Period  
**1,442.70**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1,652.70**

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

NON-FEDERAL CONTRIBUTION

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

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

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NAME OF COMMITTEE (In Full)

|   |   |  |
|---|---|--|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>A. <u>Scott Wagner Jean</u>                  |   | Date of Receipt<br><u>12 02 2020</u>               |
| Mailing Address<br><u>5505 Curtiss Dr.</u>  |   | Amount of Each Receipt this Period<br><u>47.80</u> |
| City<br><u>Sheboygan</u>  | State<br><u>WI</u> Zip Code<br><u>53081</u>   |  |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |   | Memo Item  |
| Name of Employer (for Individual)   | Occupation (for Individual)<br><u>Retired</u> |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼                      |  |

|   |                             |                                    |
|---|-----------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>B.   |                             | Date of Receipt                    |
| Mailing Address   |                             | Amount of Each Receipt this Period |
| City  | State Zip Code              |                                    |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |                             | Memo Item                          |
| Name of Employer (for Individual)   | Occupation (for Individual) |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼    |                                    |

|   |                             |                                    |
|---|-----------------------------|------------------------------------|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>C.   |                             | Date of Receipt                    |
| Mailing Address   |                             | Amount of Each Receipt this Period |
| City  | State Zip Code              |                                    |
| FEC ID number of contributing federal political committee.<br><u>C</u>  |                             | Memo Item                          |
| Name of Employer (for Individual)   | Occupation (for Individual) |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼    |                                    |

|   |                |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional).....▶           | <u>47.80</u>   |
| TOTAL This Period (last page this line number only).....▶ | <u>6472.37</u> |

RECEIVED FROM COMMONS

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

**ITEMIZED RECEIPTS**

|   |   |                                   |                             |
|---|---|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |   | FOR LINE NUMBER: (check only one) | PAGE 1 OF 4                 |
| <input type="checkbox"/> 11a  | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14             | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 |
|   |   |                                   | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
*Republican Party of The 6th Congressional District of Wisconsin*

|   |                    |                          |   |
|---|--------------------|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>A. <i>Republican Party of Ozaukee County</i> |                    |                          | Date of Receipt<br>M M / D D / Y Y Y Y<br><i>10 / 13 / 2020</i> |
| Mailing Address<br><i>PO Box 684</i>  |                    |                          | Amount of Each Receipt this Period<br><br><i>37.50</i>          |
| City<br><i>Cedarburg</i>  | State<br><i>WI</i> | Zip Code<br><i>53012</i> |   |
| FEC ID number of contributing federal political committee.<br><i>C</i>  |                    |                          | Memo Item   |
| Name of Employer (for Individual)   |                    |                          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                    | Aggregate Year-to-Date ▼ |   |

|   |                    |                          |   |
|---|--------------------|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>B. <i>Republican Party of Jackson County</i> |                    |                          | Date of Receipt<br>M M / D D / Y Y Y Y<br><i>10 / 13 / 2020</i> |
| Mailing Address<br><i>PO Box 355</i>  |                    |                          | Amount of Each Receipt this Period<br><br><i>73.50</i>          |
| City<br><i>Black River Falls</i>  | State<br><i>WI</i> | Zip Code<br><i>54615</i> |   |
| FEC ID number of contributing federal political committee.<br><i>C</i>  |                    |                          | Memo Item   |
| Name of Employer (for Individual)   |                    |                          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                    | Aggregate Year-to-Date ▼ |   |

|   |                    |                          |   |
|---|--------------------|--------------------------|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br>C. <i>Republican Party of Manitowoc County</i> |                    |                          | Date of Receipt<br>M M / D D / Y Y Y Y<br><i>10 / 13 / 2020</i> |
| Mailing Address<br><i>PO Box 754</i>  |                    |                          | Amount of Each Receipt this Period<br><br><i>225.00</i>         |
| City<br><i>Manitowoc</i>  | State<br><i>WI</i> | Zip Code<br><i>54221</i> |   |
| FEC ID number of contributing federal political committee.<br><i>C</i>  |                    |                          | Memo Item   |
| Name of Employer (for Individual)   |                    |                          |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |                    | Aggregate Year-to-Date ▼ |   |

|   |                 |
|---|-----------------|
| SUBTOTAL of Receipts This Page (optional).....▶           | <i>1,988.70</i> |
| TOTAL This Period (last page this line number only).....▶ |                 |

NON-PROFIT CORPORATION

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

**ITEMIZED RECEIPTS**

|   |   |                                   |                             |                             |                             |
|---|---|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |   | FOR LINE NUMBER: (check only one) |                             | PAGE 2 OF 4                 |                             |
| <input type="checkbox"/> 11a  | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16             | <input type="checkbox"/> 17       |                             |                             |                             |

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NAME OF COMMITTEE (In Full)  
*Republican Party of the 6th Congressional District of Wisconsin.*

A. *Barron County Republican Party*  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
*PO Box 751*

City *Rice Lake* State *WI* Zip Code *54868*

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y  
*10 / 13 / 2020*

Amount of Each Receipt this Period  
 , *150.00*

Memo Item

B. *Iowa County Republican Party*  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
*1013 N Main St.*

City *Dodgeville* State *WI* Zip Code *53533*

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y  
*10 / 13 / 2020*

Amount of Each Receipt this Period  
 , *75.00*

Memo Item

C. *Republican Party of Dane County*  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
*437 S. Yellowstone Drive Suite 113*

City *Madison* State *WI* Zip Code *53719*

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y  
*10 / 13 / 2020*

Amount of Each Receipt this Period  
 , *225.00*

Memo Item

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

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

RECEIVED FROM BARRON COUNTY

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

**ITEMIZED RECEIPTS**

|   |   |                                   |                             |                             |                             |
|---|---|-----------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |   | FOR LINE NUMBER: (check only one) |                             | PAGE 3 OF 4                 |                             |
| <input type="checkbox"/> 11a  | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 16             | <input type="checkbox"/> 17       |                             |                             |                             |

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NAME OF COMMITTEE (In Full)  
*Republican Party of the 6th Congressional District of Wisconsin*

A. *Monroe County Republican Party*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
*310 N Court St.*

City *Sparta* State *WI* Zip Code *54656*

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / U U / Y Y Y Y  
*10 / 13 / 2020*

Amount of Each Receipt this Period  
*150.00*

Memo Item

B. *Republican Party of Sheboygan County*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
*PO Box 288*

City *Sheboygan* State *WI* Zip Code *53082*

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / U U / Y Y Y Y  
*10 / 15 / 2020*

Amount of Each Receipt this Period  
*6500.00*

Memo Item

C. *Republican Party of Milwaukee County*

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
*PO Box 14665*

City *West Allis* State *WI* Zip Code *53214*

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / U U / Y Y Y Y  
*10 / 22 / 2020*

Amount of Each Receipt this Period  
*450.00*

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ *7,100.00*

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

ADDITIONAL TO OTHER DOCUMENTS



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 4 OF 4            |                              |
|   | (check only one)                        |                              |
| <input type="checkbox"/> 11a  | <input checked="" type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14             | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Republican Party of the 6th Congressional District of Wisconsin**

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Republican Party of Fond du Lac County**

Mailing Address  
**PO Box 655**

City **Fond du Lac** State **WI** Zip Code **54936**

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**12 09 2020**

Amount of Each Receipt this Period  
**7500.**

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>7500</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |             |

NONI OTI TO ONI OORONSON

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

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)  
*Republican Party of the 6th Congressional District of Wisconsin*

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
*West Pointe Bank*

Mailing Address  
*1750 Witzel Ave.*

City *Oshkosh* State *WI* Zip Code *54902*

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
*12/31/2020*

Amount of Each Receipt this Period  
*121*

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

|   |            |
|---|------------|
| SUBTOTAL of Receipts This Page (optional).....▶           | <i>121</i> |
| TOTAL This Period (last page this line number only).....▶ | <i>121</i> |

ACCOUNT INFORMATION CONTAINS

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

|   |   |             |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE / OF / |
|   | <input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 26 <input type="checkbox"/> 27 |             |
|   | <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b         |             |

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NAME OF COMMITTEE (In Full)  
*Republican Party of the 6th Congressional District of WI*

**A.** Full Name (Last, First, Middle/Initial)  
*Wisconsin Media Group*

Mailing Address  
*PO Box 237*

City  
*Kiel* State  
*WI* Zip Code  
*53042*

Purpose of Disbursement  
*Social Media Advertising*

Candidate Name  
*Donald J Trump* Category/Type

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)  Memo Item

State: District:

Date of Disbursement  
*10 24 2020*

FEC Identification Number  
*C00580100*

Amount of Each Disbursement this Period  
*400000*

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

Mailing Address  
*N172 South Park Drive*

City  
*Appleton* State  
*WI* Zip Code  
*54914*

Purpose of Disbursement  
*Advertising - Yard Signs*

Candidate Name  
*Donald J Trump* Category/Type

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)  Memo Item

State: District:

Date of Disbursement  
*10 08 2020*

FEC Identification Number  
*C00580100*

Amount of Each Disbursement this Period  
*241331*

**C.** Full Name (Last, First, Middle Initial)  
*Friends of Devin Lemahieu*

Mailing Address  
*PO Box 700200*

City  
*Oostburg* State  
*WI* Zip Code  
*53070*

Purpose of Disbursement  
*Social Media Advertising*

Candidate Name  
*Donald J. Trump* Category/Type

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify)  Memo Item

State: District:

Date of Disbursement  
*12 02 2020*

FEC Identification Number  
*C00580700*

Amount of Each Disbursement this Period  
*50000*

SUBTOTAL of Disbursements This Page (optional).....▶ *691331*

TOTAL This Period (last page this line number only).....▶ *691331*

NON-FEDERAL COMMONWEALTH

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

|   |                                      |                              |                              |  |                              |             |
|---|--------------------------------------|------------------------------|------------------------------|--|------------------------------|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                              |                              |  |                              | PAGE 1 OF 4 |
|   | <input type="checkbox"/> 21b         | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26            | <input type="checkbox"/> 27  |             |
|   | <input type="checkbox"/> 28a         | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |             |

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NAME OF COMMITTEE (In Full)  
*Republican Party of the 6th Congressional District of Wisconsin.*

A. *Mail Chimp*

Full Name (Last, First, Middle Initial)

Date of Disbursement: *10/24/2020*

Mailing Address: *675 Ponce de Leon Ave NE # 5000.*

City: *Atlanta* State: *GA* Zip Code: *30303*

Purpose of Disbursement: *IT-Campaign Software.*

Candidate Name: \_\_\_\_\_

Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: *C*

Amount of Each Disbursement this Period: *64.99*

Memo Item: \_\_\_\_\_

B. *Mail Chimp*

Full Name (Last, First, Middle Initial)

Date of Disbursement: *11/16/2020*

Mailing Address: *675 Ponce de Leon Ave NE # 5000*

City: *Atlanta* State: *GA* Zip Code: *30303*

Purpose of Disbursement: *IT-Campaign Software.*

Candidate Name: \_\_\_\_\_

Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: *C*

Amount of Each Disbursement this Period: *66.99*

Memo Item: \_\_\_\_\_

C. *Mail Chimp*

Full Name (Last, First, Middle Initial)

Date of Disbursement: *12/16/2020*

Mailing Address: *675 Ponce de Leon Ave NE # 5000.*

City: *Atlanta* State: *GA* Zip Code: *30303*

Purpose of Disbursement: *IT-Campaign Software*

Candidate Name: \_\_\_\_\_

Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: *C*

Amount of Each Disbursement this Period: *87.99*

Memo Item: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional).....▶ *219.97*

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

NON-CONFIDENTIAL

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 4

21b  22  23  26  27  
 28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)  
**Republican Party of the 6th Congressional District of Wisconsin**

**A. Feyen for Senate**

Full Name (Last, First, Middle Initial)

Mailing Address: **962 Churchill Lane**

City: **Fond du Lac** State: **WI** Zip Code: **54935**

Purpose of Disbursement: **Local Candidate Contribution**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **10 24 2020**

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **1,750.00**

Memo Item

**B. Friends of Alex Dallman**

Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 113**

City: **Green Lake** State: **WI** Zip Code: **54941**

Purpose of Disbursement: **Local Candidate Contribution**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **10 24 2020**

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **1,250.00**

Memo Item

**C. Friends of Terry Katana**

Full Name (Last, First, Middle Initial)

Mailing Address: **PO Box 700 552**

City: **Dostburg** State: **WI** Zip Code: **53070**

Purpose of Disbursement: **Local Candidate Contribution**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **10 24 2020**

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **1,500.00**

Memo Item

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

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

**4,500.00**

REPRODUCED FROM THE ORIGINAL DOCUMENT

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

|   |  |             |
|---|--|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 3 OF 4 |
|   | <input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 26 <input type="checkbox"/> 27               |             |
|   | <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input checked="" type="checkbox"/> 29 <input type="checkbox"/> 30b |             |

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NAME OF COMMITTEE (In Full)  
**Republican Party of the 6th Congressional District of Wisconsin**

A. **Jim Ort for Assembly**

Date of Disbursement: **10 24 2020**

Mailing Address: **11743 North Lake Shore Drive**

City: **Megunon** State: **WI** Zip Code: **53092**

Purpose of Disbursement: **Local Candidate Contribution**

Candidate Name: \_\_\_\_\_

Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **10,000.00**

Memo Item: \_\_\_\_\_

B. **Knodl Assembly 24**

Date of Disbursement: **10 24 2020**

Mailing Address: **1101 W 14475 Ridgeland Court**

City: **Germanatown** State: **WI** Zip Code: **53022**

Purpose of Disbursement: **Local Candidate Contribution**

Candidate Name: \_\_\_\_\_

Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **5000.00**

Memo Item: \_\_\_\_\_

C. **Darryl Carlson**

Date of Disbursement: **10 11 2020**

Mailing Address: **PO Box 116**

City: **Sheboygan** State: **WI** Zip Code: **53082**

Purpose of Disbursement: **Reimb. Fundraise Expense**

Candidate Name: \_\_\_\_\_

Category/Type: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **395.63**

Memo Item: \_\_\_\_\_

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

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

NON-PROFIT CORPORATION

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

|   |                                     |                                    |                                    |  |                                    |             |
|---|-------------------------------------|------------------------------------|------------------------------------|--|------------------------------------|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   |                                    |                                    |  |                                    | PAGE 4 OF 4 |
|   | <input type="checkbox"/> 21b<br>28a | <input type="checkbox"/> 22<br>28b | <input type="checkbox"/> 23<br>28c | <input checked="" type="checkbox"/> 26<br>29 | <input type="checkbox"/> 27<br>30b |             |

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NAME OF COMMITTEE (In Full)  
**Republican Party of the 6th Congressional District of Wisconsin**

**A. Laack's Ballroom**

Date of Disbursement: **10/21/2021**

Mailing Address: **W4302 County Road JM**

City: **Sheboygan Falls** State: **WI** Zip Code: **53085**

Purpose of Disbursement: **Rental Hall for Fundraiser**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **452.16**

Memo Item

**B.**

Date of Disbursement: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C**

Amount of Each Disbursement this Period: \_\_\_\_\_

Memo Item

**C.**

Date of Disbursement: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Disbursement: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C**

Amount of Each Disbursement this Period: \_\_\_\_\_

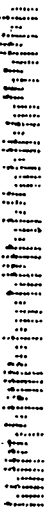
Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ **452.16**

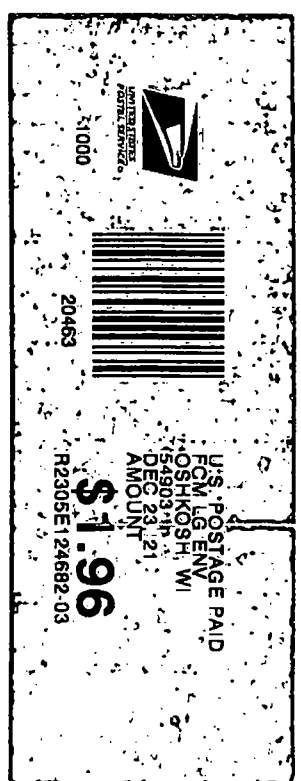
**TOTAL** This Period (last page this line number only).....▶ **2067.76**

NONDISCLOSURE

an Wieland  
1 Dist Rep Party  
09 W 6<sup>th</sup> Ave  
Shkosh WI 54902



Federal Election Commission  
1050 First Street NE  
Washington DC 20463



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Federal Election Commission  
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|--|---|
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| <input type="checkbox"/> USPS Registered/Certified                         | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail                                | Postmarked  |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked  |
| <input type="checkbox"/> Postmark Illegible                                |   |
| <input type="checkbox"/> No Postmark                                       |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date                                       |
|  | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked                       |

*PSL* PREPARER 1/10/22  
 DATE PREPARED

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