

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 Ribble Responsible Government Committee

ADDRESS (number and street) PO Box 30844 Bethesda MD 20824-0844 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00499202 3. IS THIS REPORT NEW (N) OR AMENDED (A) WI 08

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 07 / 01 / 2011 through M M / D D / Y Y Y Y 09 / 30 / 2011

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 Richard Springer

Signature of Treasurer Richard Springer [Electronically Filed] Date M M / D D / Y Y Y Y 10 / 14 / 2011

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Ribble Responsible Government Committee

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))....	109041.00	109041.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	109041.00	109041.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28691.79	28691.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	28691.79	28691.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2000.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	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

Write or Type Committee Name

Ribble Responsible Government Committee

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	95950.00	95950.00
(ii) Unitemized.....	12691.00	12691.00
(iii) TOTAL of contributions from individuals ▶	108641.00	108641.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	400.00	400.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	109041.00	109041.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	109041.00	109041.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28691.79	28691.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	78349.21	78349.21
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	107041.00	107041.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	109041.00
25. SUBTOTAL (add Line 23 and Line 24).....	109041.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	107041.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	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 5 OF 38
	<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)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Daniel T. Ariens

Mailing Address 655 West Ryan Street

City State Zip Code
Brillon WI 54110

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

Name of Employer Occupation
Ariens Company President & Chief Executive Officer

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2011

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Saied Assef

Mailing Address 746 South Quincy Street

City State Zip Code
Green Bay WI 54301

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

Name of Employer Occupation
Bellin Anesthesia Associates Anesthesiologist

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
Robert B. Atwell

Mailing Address 3486 Solitude Road

City State Zip Code
De Pere WI 54115

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

Name of Employer Occupation
Nicolet National Bank Chief Executive Officer

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2011

Transaction ID : SA11AI.4169

Amount of Each Receipt this Period
1000.00

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

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

5000.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Timothy Bernauer

Mailing Address 13 Pintail Place

City State Zip Code
Appleton WI 54913

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

Name of Employer Occupation
Radiology Assoc. of Appleton Radiologist

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
08 / 11 / 2011

Transaction ID : SA11AI.4258

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jeff Betley

Mailing Address W1630 Redwood Drive

City State Zip Code
Pulaski WI 54162

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

Name of Employer Occupation
Self-Employed Dairy Farmer

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2011

Transaction ID : SA11AI.4410

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Tony R. Brice

Mailing Address 2170 Jen Rae Road

City State Zip Code
Green Bay WI 54311

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

Name of Employer Occupation
Brice Masonry, Inc. Manager

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
MM / DD / YYYY
08 / 08 / 2011

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period
1000.00

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 7 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Robert Bush

Mailing Address 3062 Bay View Drive

City Green Bay State WI Zip Code 54311

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period
1200.00

B. Full Name (Last, First, Middle Initial)
Gordon Connor

Mailing Address 100 Mill Street

City Laona State WI Zip Code 54541

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

Name of Employer Nicolet Home Woods Corporation Occupation Lumber Executive

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2011

Transaction ID : SA11AI.4366

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Bernard E. Dahlin

Mailing Address 2670 Good Shepherd Lane

City Green Bay State WI Zip Code 54313

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

Name of Employer Nichols Paper Occupation President

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2011

Transaction ID : SA11AI.4183

Amount of Each Receipt this Period
1000.00

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

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

2450.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Bernard E. Dahlin

Mailing Address 2670 Good Shepherd Lane

City Green Bay State WI Zip Code 54313

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

Name of Employer Nichols Paper Occupation President

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4409

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Timothy L. Day

Mailing Address 2779 Indian Hill Drive

City Green Bay State WI Zip Code 54313

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

Name of Employer Commercial Horizons, Inc. Occupation Businessman

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2011

Transaction ID : SA11AI.4250

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Craig Dickman

Mailing Address 2914 Westline Road

City Green Bay State WI Zip Code 54313

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

Name of Employer Breakthrough Fuel Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 22 / 2011

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
5000.00

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

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

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
David Duppler

Mailing Address 9 Woodbury Court

City Appleton State WI Zip Code 54913

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

Name of Employer Fox Valley Surgical Assn Occupation General Surgeon

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2011

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Tia L. Duppler

Mailing Address 9 Woodbury Court

City Appleton State WI Zip Code 54913

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2011

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Eliot Elfner

Mailing Address 3240 Bitters Court

City Green Bay State WI Zip Code 54301

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

Name of Employer St. Norbert College Occupation Administrator/ Professor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2011

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period
400.00

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

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

10400.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Laurie J. Fischer

Mailing Address 4252 River Forest Circle

City Pulaski State WI Zip Code 54162

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

Name of Employer DBA Occupation Executive Director

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2011

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period
 400.00

B. Full Name (Last, First, Middle Initial)
Daniel Gulling

Mailing Address PO Box 100

City Palmetto State FL Zip Code 34220

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2011

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period
 400.00

C. Full Name (Last, First, Middle Initial)
Douglas L. Hagan

Mailing Address 2247 Early Street

City Green Bay State WI Zip Code 54304

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2011

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period
 400.00

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

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

1200.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Richard D. Horak

Mailing Address 1908 Harbourside Drive

City State Zip Code
Longboat Key FL 34228

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 08 / 2011

Transaction ID : SA11AI.4243

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Kelley Jacobs

Mailing Address W1834 Beech Drive

City State Zip Code
Pulaski WI 54162

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4390

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Mark Jacobs

Mailing Address W882 Bain Road

City State Zip Code
De Pere WI 54115

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

Name of Employer Occupation
Green Valley Dairy Land & Crop Manager

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4400

Amount of Each Receipt this Period
400.00

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

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

1200.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Paul Jacobs

Mailing Address 2122 Potter Drive

City State Zip Code
De Pere WI 54115

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

Name of Employer Occupation
Green Valley Dairy Young Stock Management

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Craig B. Janssen

Mailing Address 2649 Development Drive

City State Zip Code
Green Bay WI 54311

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 04 / 2011

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Richard W. Johnson

Mailing Address 3027 Autumn Leaves Circle

City State Zip Code
Green Bay WI 54313

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

Name of Employer Occupation
United Development Group Real Estate Developer

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 08 / 2011

Transaction ID : SA11AI.4247

Amount of Each Receipt this Period
400.00

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

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

1800.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Michael P. Kiley

Mailing Address 3071 Bay Settlement Court

City State Zip Code
Green Bay WI 54311

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

Name of Employer Occupation Information Requested
Information Requested

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 11 / 2011

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Jason Klein

Mailing Address 1025 Quiet Harbor Court

City State Zip Code
Suamico WI 54173

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

Name of Employer Occupation Information Requested
Orthopedic Sports Med. of GB Surgeon

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4412

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Daniel G. Koster

Mailing Address 1266 Washington Street

City State Zip Code
Wrightstown WI 54180

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

Name of Employer Occupation Information Requested
Information Requested

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 22 / 2011

Transaction ID : SA11AI.4451

Amount of Each Receipt this Period
400.00

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

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

4400.00

**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 14 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

Full Name (Last, First, Middle Initial) A. William Krostue		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2011	
Mailing Address N3529 Sunset Lane		Transaction ID : SA11AI.4391	
City New London	State WI	Zip Code 54967	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 400.00	
Name of Employer Self-Employed	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) B. Bonnie M. LaPlant		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2011	
Mailing Address 2587 Edgewood Lane		Transaction ID : SA11AI.4136	
City Green Bay	State WI	Zip Code 54302	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer LaPlant Dental, Inc.	Occupation Dental Technician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Lawrence E. LaPlant		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2011	
Mailing Address 2587 Edgewood Lane		Transaction ID : SA11AI.4137	
City Green Bay	State WI	Zip Code 54302	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00	
Name of Employer LaPlant Dental, Inc.	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Patrick Laughlin

Mailing Address 803 Windover Court

City Green Bay State WI Zip Code 54313

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

Name of Employer Self-Employed Occupation Dentist

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4393

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Daniel J. Linehan

Mailing Address 221 Arbor Lane

City Green Bay State WI Zip Code 54301

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

Name of Employer Orthopedic & Sports Medicine Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2011

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Sharon L. Lutsey

Mailing Address 7698 East Shore Drive

City Egg Harbor State WI Zip Code 54209

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

Name of Employer Self-Employed Occupation Beef Farmer

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2011

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period
1000.00

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 16 OF 38
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Harry Macco

Mailing Address 2986 County Road PP

City De Pere State WI Zip Code 54115

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

Name of Employer Hillcrest Lumber Occupation Owner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2011

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Amy L. Madson

Mailing Address 3601 Lost Dauphin Road

City De Pere State WI Zip Code 54115

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2011

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Scot J. Madson

Mailing Address 3601 Lost Dauphin Road

City De Pere State WI Zip Code 54115

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

Name of Employer Navigator Planning Group, LLC Occupation Financial Planner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2011

Transaction ID : SA11AI.4229

Amount of Each Receipt this Period
500.00

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

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

1400.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
William J. Malooly

Mailing Address 321 Wildwood Lane

City Naples State FL Zip Code

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Ann M. Murphy

Mailing Address 1525 Rustic Way

City Green Bay State WI Zip Code 54313

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2011

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Patrick R. Murphy

Mailing Address 1525 Rustic Way

City Green Bay State WI Zip Code 54313

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 02 / 2011

Transaction ID : SA11AI.4181

Amount of Each Receipt this Period
 500.00

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 18 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
James L. Napier Jr.

Mailing Address 2640 Indian Hill Drive

City Green Bay State WI Zip Code 54313

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

Name of Employer Aurora Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2011

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
John Niebler

Mailing Address N94 W21825 Schlei Road

City Menomonee Falls State WI Zip Code 53051

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

Name of Employer Self-Employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4398

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Donald Niles

Mailing Address N9103 Spruce Road

City Casco State WI Zip Code 54205

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

Name of Employer Dairy Dream, LLC Occupation Dairyman

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4395

Amount of Each Receipt this Period
400.00

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

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

1200.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Timothy O'Harrow

Mailing Address 6374 Company Lake Road

City Oconto Falls State WI Zip Code 54154

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

Name of Employer O'Harrow's, Inc. Occupation Dairy Farmer

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2011

Transaction ID : SA11AI.4251

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Annette Ostrom

Mailing Address 4200 Old Military Road

City De Pere State WI Zip Code 54115

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

Name of Employer Pfizer Inc. Occupation Salesperson

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4407

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
James Ostrom

Mailing Address 4200 Old Military Road

City De Pere State WI Zip Code 54115

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

Name of Employer Milksource Occupation Dairy Farmer

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4408

Amount of Each Receipt this Period
1000.00

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 20 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

Full Name (Last, First, Middle Initial) A. John T. Pagel		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2011	
Mailing Address N4893 County Road C		Transaction ID : SA11AI.4246	
City Kewaunee	State WI	Zip Code 54216	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer Self-Employed	Occupation Dairy Farmer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) B. Richard Patner		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 02 / 2011	
Mailing Address 4809 Plummers Point Road		Transaction ID : SA11AI.4178	
City Oshkosh	State WI	Zip Code 54904	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer Self-Employed	Occupation Translator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) C. Brittany Paulsen		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2011	
Mailing Address 812 Meadowbrook Drive		Transaction ID : SA11AI.4392	
City Green Bay	State WI	Zip Code 54313	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	400.00

**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 21 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

Full Name (Last, First, Middle Initial) A. Ashok Rai		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2011
Mailing Address 948 Deerwood Court		Transaction ID : SA11AI.4401
City Oneida	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Preva Health	Occupation President	
Receipt For: <input 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. Mark Rappette		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2011
Mailing Address 1431 Finch Lane		Transaction ID : SA11AI.4386
City Green Bay	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Temp Systems	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Debbie Rennes		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 01 / 2011
Mailing Address N3522 River Bend Drive		Transaction ID : SA11AI.4439
City Peshtigo	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	5800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Tim H. Rennes

Mailing Address N3522 River Bend Drive

City Peshtigo State WI Zip Code 54157

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

Name of Employer Rennes Group, Inc. Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2011

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Richard J. Resch

Mailing Address 1330 Bellevue Street

City Green Bay State WI Zip Code 54302

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

Name of Employer Krueger International Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Richard Roehl

Mailing Address 8315 Trout Drive

City Marshfield State WI Zip Code 54449

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4404

Amount of Each Receipt this Period
1000.00

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

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

8000.00

**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 23 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Scott Ruggles

Mailing Address 1106 Ridgeway Boulevard

City State Zip Code
De Pere WI 54115

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

Name of Employer Occupation
New Surg Associates Physician

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4394

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Harold Schiferl

Mailing Address 2211 East Tuscany Way

City State Zip Code
Appleton WI 54913

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

Name of Employer Occupation
Wow Logistics Company Partner

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4406

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Chad Schneider

Mailing Address 2816 Spring Meadows Drive

City State Zip Code
De Pere WI 54115

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 08 / 2011

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period
1000.00

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

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

2400.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

Full Name (Last, First, Middle Initial) A. Pamela Schneider		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2011	
Mailing Address 2816 Spring Meadows Drive		Transaction ID : SA11AI.4237	
City State Zip Code De Pere WI 54115	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 1000.00		
Name of Employer Occupation Wipfli, LLP Partner	Election Cycle-to-Date _____ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Paul Schneider		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2011	
Mailing Address 1625 Lost Dauphin Road		Transaction ID : SA11AI.4399	
City State Zip Code De Pere WI 54115	Amount of Each Receipt this Period _____ 400.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 400.00		
Name of Employer Occupation Schneider Consulting Consultant	Election Cycle-to-Date _____ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Margaret Schuh		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2011	
Mailing Address N9351 Isaar Road		Transaction ID : SA11AI.4252	
City State Zip Code Seymour WI 54165	Amount of Each Receipt this Period _____ 400.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 400.00		
Name of Employer Occupation Schuh Construction Owner	Election Cycle-to-Date _____ 400.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	_____ 1800.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Fred Schultz

Mailing Address 2561 Parkwood Drive

City Green Bay State WI Zip Code 54304

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4397

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
Thomas Schumacher

Mailing Address 2001 Lost Dauphin Road

City De Pere State WI Zip Code 54115

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

Name of Employer Services Plus, Inc. Occupation Owner

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Patricia D. Shabaz

Mailing Address 1501 Burning Wood Way

City Madison State WI Zip Code 53704

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

Name of Employer Homemaker Occupation Homemaker

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2011

Transaction ID : SA11AI.4345

Amount of Each Receipt this Period
1000.00

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

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

1800.00

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

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

FOR LINE NUMBER: PAGE 26 OF 38
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Mark D. Skogen

Mailing Address 2851 Nostalgic Court

City State Zip Code
De Pere WI 54115

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

Name of Employer Occupation Information Requested
Information Requested

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 02 / 2011

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Ralph Stayer

Mailing Address PO Box 906

City State Zip Code
Sheboygan WI 53085

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

Name of Employer Occupation Information Requested
Johnsonville Sausage, LLC Executive

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 06 / 2011

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Carol Tess

Mailing Address 2333 Lost Dauphin Road

City State Zip Code
DePere WI 54115

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

Name of Employer Occupation Information Requested
Homemaker Homemaker

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4348

Amount of Each Receipt this Period
500.00

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

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

6500.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

Full Name (Last, First, Middle Initial) Tom Tess		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2011
Mailing Address 2333 Lost Dauphin Road		Transaction ID : SA11AI.4347
City DePere	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Straubel Company	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Edward Thompson		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2011
Mailing Address 1350 Fox River Drive		Transaction ID : SA11AI.4414
City De Pere	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Thompson Management	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) Karen Thompson-Dickman		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 22 / 2011
Mailing Address 2914 Westline Road		Transaction ID : SA11AI.4431
City Green Bay	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	10500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Bruce Tielens

Mailing Address 2705 Woodland Hills Court

City State Zip Code
Green Bay WI 54311

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

Name of Employer Occupation
WEL Company Owner

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4424

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Albert Toma

Mailing Address 2111 Lost Dauphin Road

City State Zip Code
De Pere WI 24115

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

Name of Employer Occupation
Retired Retired

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4387

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
Barbara Ann Tuttle

Mailing Address 3103 Stanton Court

City State Zip Code
Green Bay WI 54301

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

Name of Employer Occupation
Englewood Marketing Group Owner

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 15 / 2011

Transaction ID : SA11AI.4403

Amount of Each Receipt this Period
500.00

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

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

3400.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Donald Utschig

Mailing Address 3040 West Wisconsin Avenue

City Appleton State WI Zip Code 54914

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4405

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Donald Utschig

Mailing Address 3040 West Wisconsin Avenue

City Appleton State WI Zip Code 54914

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4415

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
Robert E. Vlach Jr.

Mailing Address 6084 North Eagle Crest Drive

City Appleton State WI Zip Code 54913

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

Name of Employer Valley Urologic Association Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 11 / 2011

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period
 500.00

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

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

6500.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Robert E. Vlach Jr.

Mailing Address 6084 North Eagle Crest Drive

City Appleton State WI Zip Code 54913

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

Name of Employer Valley Urologic Association Occupation Physician

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4357

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Colleen Weyers

Mailing Address PO Box 12057

City Green Bay State WI Zip Code 54307

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 15 / 2011

Transaction ID : SA11AI.4402

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Robert J. Weyers

Mailing Address 3000 Autumn Leaves Circle

City Green Bay State WI Zip Code 54313

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

Name of Employer Commercial Horizons, Inc. Occupation Real Estate Developer

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2011

Transaction ID : SA11AI.4223

Amount of Each Receipt this Period
400.00

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

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

1400.00

95950.00

**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 38
	<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	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Full Name (Last, First, Middle Initial)
Secura Insurance a Mutual Company PAC

Mailing Address 2401 South Memorial Drive

City Appleton State WI Zip Code 54912

FEC ID number of contributing federal political committee. **C** C00343384

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 08 / 2011

Transaction ID : SA11C.4253

Amount of Each Receipt this Period
 400.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

400.00

400.00

**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 32 OF 38		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

Full Name (Last, First, Middle Initial) A. Brown County Sheriff's Office		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2011
Mailing Address 2684 Development Drive		Amount of Each Disbursement this Period 292.50
City Green Bay	State WI	
Zip Code 54311	Purpose of Disbursement FR Event Security	Transaction ID : SB17.4268
Candidate Name	003 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. Campaign Financial Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2011
Mailing Address PO Box 30844		Amount of Each Disbursement this Period 1910.40
City Bethesda	State MD	
Zip Code 20824-0844	Purpose of Disbursement SEE MEMO ITEMS	Transaction ID : SB17.4417
Candidate Name	001 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) c. Campaign Financial Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2011
Mailing Address PO Box 30844		Amount of Each Disbursement this Period 1500.00
City Bethesda	State MD	
Zip Code 20824-0844	Purpose of Disbursement Compliance Consulting	Transaction ID : SB17.4419 [MEMO ITEM]
Candidate Name	001 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:		

SUBTOTAL of Disbursements This Page (optional).....	2202.90
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 33 OF 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

A. Campaign Financial Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement E-Merchant Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 13 / 2011

Amount of Each Disbursement this Period: 410.40

Transaction ID : SB17.4420

[MEMO ITEM]

Category/Type: 001

B. Campaign Financial Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824-0844

Purpose of Disbursement E-Merchant Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 21 / 2011

Amount of Each Disbursement this Period: 336.38

Transaction ID : SB17.4434

Category/Type: 001

c. Larry Gerczak's

Full Name (Last, First, Middle Initial)
Mailing Address 1244 Velp Avenue

City Green Bay State WI Zip Code 54303

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 21 / 2011

Amount of Each Disbursement this Period: 4259.92

Transaction ID : SB17.4435

Category/Type: 003

SUBTOTAL of Disbursements This Page (optional)..... 4596.30

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 34 OF 38			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

Full Name (Last, First, Middle Initial) A. Mary Mai		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2011
Mailing Address 1001 Wilson Boulevard Apt. 1107		Amount of Each Disbursement this Period 1209.22 Transaction ID : SB17.4261
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement SEE MEMO ITEMS	Category/ Type 003
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. Mary Mai		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2011
Mailing Address 1001 Wilson Boulevard Apt. 1107		Amount of Each Disbursement this Period 226.23 Transaction ID : SB17.4263 [MEMO ITEM]
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Reimbursed- A/V Equipment Rental	Category/ Type 003
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) c. Mary Mai		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2011
Mailing Address 1001 Wilson Boulevard Apt. 1107		Amount of Each Disbursement this Period 169.02 Transaction ID : SB17.4264 [MEMO ITEM]
City Arlington	State VA	
Zip Code 22209	Purpose of Disbursement Reimbursed- Printing	Category/ Type 003
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:	

SUBTOTAL of Disbursements This Page (optional).....	1209.22
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 35 OF 38			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

Full Name (Last, First, Middle Initial) A. Mary Mai		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2011
Mailing Address 1001 Wilson Boulevard Apt. 1107		Amount of Each Disbursement this Period 813.97
City Arlington	State VA	Zip Code 22209
Purpose of Disbursement Reimbursed- FR Event Supplies	Category/ Type 003	
Candidate Name	Transaction ID : SB17.4265	
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:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Majority Strategies		Date of Disbursement M M / D D / Y Y Y Y 08 / 04 / 2011
Mailing Address 135 Professional Drive Suite 104		Amount of Each Disbursement this Period 6520.38
City Ponte Vedra Beach	State FL	Zip Code 32082
Purpose of Disbursement Printing & Postage	Category/ Type 003	
Candidate Name	Transaction ID : SB17.4099	
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) c. Majority Strategies		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2011
Mailing Address 135 Professional Drive Suite 104		Amount of Each Disbursement this Period 3371.28
City Ponte Vedra Beach	State FL	Zip Code 32082
Purpose of Disbursement Printing & Postage	Category/ Type 003	
Candidate Name	Transaction ID : SB17.4260	
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:		

SUBTOTAL of Disbursements This Page (optional).....	9891.66
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 36 OF 38			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

Full Name (Last, First, Middle Initial) A. Not by Bread Alone		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2011
Mailing Address 940 Hansen Road Suite C		Amount of Each Disbursement this Period 10775.47
City Green Bay State WI Zip Code 54304	Purpose of Disbursement Catering Category/Type 003	
Candidate Name		Transaction ID : SB17.4266
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.		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		Transaction ID
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) C.		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		Transaction ID
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:		

SUBTOTAL of Disbursements This Page (optional).....	10775.47
TOTAL This Period (last page this line number only).....	28675.55

**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 37 OF 38
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

Full Name (Last, First, Middle Initial) A. Republican Party of Wisconsin		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2011
Mailing Address 148 East Johnson Street		Amount of Each Disbursement this Period 2309.24 Transaction ID : SB18.4446
City Madison	State WI Zip Code 53703	
Purpose of Disbursement Transfer	Category/Type 008	
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. Ribble for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2011
Mailing Address PO Box 7200		Amount of Each Disbursement this Period 45258.84 Transaction ID : SB18.4442
City Appleton	State WI Zip Code 54912	
Purpose of Disbursement Transfer: G2010 Debt	Category/Type 008	
Candidate Name Reid Ribble		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WI District: 08		

Full Name (Last, First, Middle Initial) c. Ribble for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2011
Mailing Address PO Box 7200		Amount of Each Disbursement this Period 20661.37 Transaction ID : SB18.4444
City Appleton	State WI Zip Code 54912	
Purpose of Disbursement Transfer	Category/Type 008	
Candidate Name Reid Ribble		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WI District: 08		

SUBTOTAL of Disbursements This Page (optional).....	68229.45
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 38 OF 38	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Ribble Responsible Government Committee

Full Name (Last, First, Middle Initial) A. Ribble for Congress		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2011
Mailing Address PO Box 7200		Amount of Each Disbursement this Period 10119.76 Transaction ID : SB18.4445
City Appleton	State WI	
Zip Code 54912	Purpose of Disbursement Transfer	Category/ Type 008
Candidate Name Reid Ribble	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: WI District: 08	

Full Name (Last, First, Middle Initial) 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:	

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

SUBTOTAL of Disbursements This Page (optional).....	10119.76
TOTAL This Period (last page this line number only).....	78349.21