

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
 A. [Faded text]
 B. [Faded text]
 C. [Faded text]

2. FEC IDENTIFICATION NUMBER
 C 00008755

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

FEB 5 10 00 AM '93

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding _____
 (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/01/93</u> through <u>12/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ <u>421.39</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>1789.02</u>	
(c) Total Receipts (from Line 18)	\$ <u>1737.00</u>	\$ <u>3487.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>3526.02</u>	\$ <u>3948.39</u>
7. Total Disbursements (from Line 30)	\$ <u>1025.51</u>	\$ <u>1447.88</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>2500.51</u>	\$ <u>2500.51</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	

For further information contact:
 Federal Election Commission
 999 E Street, NW
 Washington, DC 20463
 Toll Free 800-424-9600
 Local 202-219-3420

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: Joseph M. Baeue
 Signature of Treasurer: [Signature] Date: 1/29/94

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

2 4 0 3 3 3 2 3 5 9 4

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM	TO:
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	0.00	0.00
ii. Unitemized	0.00	0.00
ii. Total (add i and ii) >	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 Contributions (add a, b, c and e) >	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	1737.00	3487.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	1737.00	3487.00
20. Total Federal Receipts (subtract line 18 from line 19) >	1737.00	3487.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	625.51	1047.88
c. Total Operating Expenditures (add a, i, ii, and b) >	625.51	1047.88
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/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 a, b and c) >	0.00	0.00
29. Other Disbursements	400.00	400.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1025.51	1447.88
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1025.51	1447.88
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	0.00	0.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	0.00	0.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	625.51	1047.88
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	625.51	1047.88

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 12

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)

11th Congressional District Republican Party of Wisconsin

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Manitowish County Republican Party 1512 Cherry Road Manitowish, WI 54220	N/A	7/30/93	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): District Assessment	Occupation: N/A	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adams County Republican Party 1516 Hwy 82 Union Grove, WI 53965	N/A	8/2/93	71.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): District Assessment	Occupation: N/A	Aggregate Year-to-Date > \$ 71.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fond du Lac County Republican Party P.O. Box 665 Fond du Lac, WI 54935	N/A	9/27/93	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): District Assessment	Occupation: N/A	Aggregate Year-to-Date > \$ 710.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Winnebago County Republican Party P.O. Box 176 Oshkosh, WI 54902-0176	N/A	10/20/93	550.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): District Assessment	Occupation: N/A	Aggregate Year-to-Date > \$ 1100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Waushara County Republican Club Rt 2 Box 285 Waushara, WI 54982	N/A	10/25/93	165.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): District Assessment	Occupation: N/A	Aggregate Year-to-Date > \$ 330.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Manitowish County Republican Party 1512 Cherry Road Manitowish, WI 54220	N/A	11/5/93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): District Assessment	Occupation: N/A	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
State of Wisconsin - Menomonie Men. REP County Republican Party Route 1 Box 16 Sparta, WI 54656	N/A	11/10/93	121.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): District Assessment	Occupation: N/A	Aggregate Year-to-Date > \$ 121.00	

SUBTOTAL of Receipts This Page (optional)

\$ 1737
277.00

TOTAL This Period (last page this line number only)

\$ 1737
277.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 30-31B

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)

6th Congressional District Republican Party of Wisconsin

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement EXPENSES	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Pat Racine 4059 William St Green Lake, WI 54941	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) District Operate	7/20/93	\$ 84.04
B. Full Name, Mailing Address and ZIP Code Wendy Sander 203 Hoyt Street Fond du Lac, WI 54935	Purpose of Disbursement CHURCH EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) District Operate	7/20/93	153.07
C. Full Name, Mailing Address and ZIP Code Dan Kirkman 500 S Park Ave 2E Fond du Lac, WI 54935	Purpose of Disbursement Traveling & travel EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) District Operate	8/8/93	54.60
D. Full Name, Mailing Address and ZIP Code Clare M. Wehstein 403 S Park Ave Fond du Lac, WI 54935	Purpose of Disbursement Traveling & travel EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) District Operate	8/8/93	105.12
E. Full Name, Mailing Address and ZIP Code Dan Zabala 1507 Repp Ave Coshkosh, WI 54901	Purpose of Disbursement SOCIETY BY APPOINT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) District Operate	8/8/93	66.74
F. Full Name, Mailing Address and ZIP Code Mary Sotberg 203 Hoyt Street Fond du Lac, WI 54935	Purpose of Disbursement CHURCH EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) District Operate	10/17/93	70.32
G. Full Name, Mailing Address and ZIP Code Dan Zabala 1507 Repp Ave Coshkosh, WI 54901	Purpose of Disbursement SOCIETY EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) District Operate	10/17/93	16.16
H. Full Name, Mailing Address and ZIP Code Postmaster - Green Lake 401 W. H Street Green Lake, WI 54941	Purpose of Disbursement TRAVELER - HOUSING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) District Operate	10/16/93	3.27
I. Full Name, Mailing Address and ZIP Code Mr. Pat Racine 4059 William St Green Lake, WI 54941	Purpose of Disbursement CHURCH EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) District Operate	10/30/93	44.98

SUBTOTAL of Disbursements This Page (optional)	598.74
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2

FOR LINE NUMBER 213

Any information copied from such Reports and Statements may not be told 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)

6th Congressional District Republican Party of Wisconsin

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<u>Don Schaller 2004 Regg Ave Coshkush, WI 54901</u>	<u>SECRETARY EXPENSE</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>District Operation</u>	<u>10/26/93</u>	<u>\$ 14.74</u>
<u>Perdunster - Green Lake 497 Hill Street Green Lake WI 54941</u>	<u>REPAIRS - AUTO</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>District Operation</u>	<u>1/20/93</u>	<u>2.75</u>
<u>Perdunster - Green Lake 497 Hill Street Green Lake, WI 54941</u>	<u>REPAIRS - AUTO</u> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>District Operation</u>	<u>7/24/93</u>	<u>9.08</u>
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SUBTOTAL of Disbursements This Page (optional)	<u>26.77</u> 14.74
TOTAL This Period (last page this line number only)	<u>625.51</u> 14.74

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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)

6th Congressional District Rep. of a Party of Wisconsin

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Clement Assembly 144 City Road E Cedarburg, WI 54904	Purpose of Disbursement: Account Campaign Contribution to Reduce Debt from 10/17/93 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/17/93	\$100.00
Sheryl Alberts E 1530 Maple Hill Road North Freedom, WI 53951	Purpose of Disbursement: Account Campaign Contribution to reduce debt from 10/24/93 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/24/93	300.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$ 400.00

TOTAL This Period (last page this line number only)

\$ 400.00

**Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered DATE OF RECEIPT

First Class Mail POSTMARKED

Registered/Certified Mail POSTMARKED
1/31/94

No Postmark

Postmark Illegible

Received from the House Office of Records and Registration DATE OF RECEIPT

Received from the Senate Office of Public Records DATE OF RECEIPT

Other (Specify): POSTMARKED
and/or DATE OF RECEIPT

E.S.
PREPARER

2/5/94
DATE PREPARED

240333216JU