

# 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  
Kelly Westlund for Wisconsin

ADDRESS (number and street) 501 11th Avenue East  
P.O. Box 1013  
 Check if different than previously reported. (ACC) Ashland WI 54806

2. **FEC IDENTIFICATION NUMBER** C C00553370 CITY STATE ZIP CODE STATE DISTRICT  
 IS THIS REPORT NEW (N) **OR**  AMENDED (A) WI 07

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
04 / 01 / 2014 through 06 / 30 / 2014

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 Larry Macdonald  
Signature of Treasurer Larry Macdonald *[Electronically Filed]* Date M M / D D / Y Y Y Y  
07 / 15 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Kelly Westlund for Wisconsin**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	136682.39	303214.33
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	136682.39	302614.33
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	89160.39	157595.85
(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)).....	89160.39	157595.85
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	144798.48	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Kelly Westlund for Wisconsin**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	71131.58	134564.76
(ii) Unitemized.....	44459.92	134891.57
(iii) TOTAL of contributions from individuals ▶	115591.50	269456.33
(b) Political Party Committees.....	350.00	350.00
(c) Other Political Committees (such as PACs).....	20740.89	33408.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	136682.39	303214.33
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	136682.39	303214.33

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	89160.39	157595.85
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	600.00
21. OTHER DISBURSEMENTS .....	220.00	220.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	89380.39	158415.85

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	97496.48
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	136682.39
25. SUBTOTAL (add Line 23 and Line 24).....	234178.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	89380.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	144798.48

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Grant D Abert**

Mailing Address S7295 Lake Rd

City Hillpoint State WI Zip Code 53937-9733

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCS5RA1**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Julie A Adamson**

Mailing Address 4017 Duke St

City Madison State WI Zip Code 53704-3511

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : VNHWGCQ5WJ7**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Ginger Bentley Alden**

Mailing Address 4405 N Lakeshore Dr

City Wausau State WI Zip Code 54401-7417

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

Name of Employer Wisconsin Public Radio Occupation Director of Major Giving

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : VNHWGCRGVM0**

Amount of Each Receipt this Period  
 150.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 6 OF 154  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 810 MacArthur Ave

City Ashland State WI Zip Code 54806-2905

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **170.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : VNHWGCMPE1**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**David Allen**

Mailing Address 810 MacArthur Ave

City Ashland State WI Zip Code 54806-2905

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **195.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 07 / 2014**

**Transaction ID : VNHWCQQ3Q5**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**David Allen**

Mailing Address 810 MacArthur Ave

City Ashland State WI Zip Code 54806-2905

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **220.10**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 28 / 2014**

**Transaction ID : VNHWGCS4EM1**

Amount of Each Receipt this Period  
**25.00**

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

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

**150.00**

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Philip D. Anderson**

Mailing Address 12969 E County Road Ff

City State Zip Code  
Maple WI 54854-9341

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
340.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : VNHWGCPXWD6**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Aronson**

Mailing Address 1542 Riverglen Ave

City State Zip Code  
Rhineland WI 54501-2400

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : VNHWGCMPEY4**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Arlene Balkansky**

Mailing Address 4804 44th St NW

City State Zip Code  
Washington DC 20016-4506

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

Name of Employer Occupation  
Library of Congress librarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : VNHWGCMPE6**

Amount of Each Receipt this Period  
200.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 4804 44th St NW

City Washington State DC Zip Code 20016-4506

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

Name of Employer Library of Congress Occupation librarian

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 29 / 2014**

**Transaction ID : VNHWGCS4HB7**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**James Banks**

Mailing Address PO Box 284

City Maple State WI Zip Code 54854

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

Name of Employer Allouez Marine Occupation Ship Chandler - Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 09 / 2014**

**Transaction ID : VNHWGCPXW45**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Laird Barber**

Mailing Address 419 W 10th St

City Morris State MN Zip Code 56267-1707

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 11 / 2014**

**Transaction ID : VNHWGCQ5YM8**

Amount of Each Receipt this Period  
**200.00**

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

**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 9 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Leigh Barker-Cheesebro**

Mailing Address N4561 Duck Creek Rd

City Helenville State WI Zip Code 53137-9791

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

Name of Employer WEAC Occupation Union Rep.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : VNHWCQPZ22**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Darryl Barton**

Mailing Address 814 Fulton St # 226

City Wausau State WI Zip Code 54403-4969

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

Name of Employer Aspirus Wausau Hospital Occupation Physician (Oncology)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : VNHWGCKV1A4**

Amount of Each Receipt this Period  
 500.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : VNHWGCKV1A4E**

Amount of Each Receipt this Period  
 500.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

750.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 10 OF 154

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 29295 Chapek Rd

City Ashland State WI Zip Code 54806-3664

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

Name of Employer Teacher Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : VNHWGCQWBC5**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Bob Beck**

Mailing Address 2312 Weston Ave

City Schofield State WI Zip Code 54476-5062

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

Name of Employer N/A Occupation Retired Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 26 / 2014**

**Transaction ID : VNHWGCKTTX8**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Conduit total listed in Agg. field Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 26 / 2014**

**Transaction ID : VNHWGCKTTX8E**

Amount of Each Receipt this Period  
**50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

**150.00**

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 2312 Weston Ave

City Schofield State WI Zip Code 54476-5062

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

Name of Employer N/A Occupation Retired Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 26 / 2014**

**Transaction ID : VNHWG CNYQT2**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Bob Beck**

Mailing Address 2312 Weston Ave

City Schofield State WI Zip Code 54476-5062

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

Name of Employer N/A Occupation Retired Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : VNHWG CS4BY4**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Lawrence Benenson**

Mailing Address 708 3rd Ave # 28

City New York State NY Zip Code 10017-4201

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

Name of Employer Benenson Capital Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : VNHWG CMS488**

Amount of Each Receipt this Period  
**2600.00**

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

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

**2700.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 716 Eastview Dr

City State Zip Code  
Antigo WI 54409-8708

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : VNHWGCR7BW0**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Neal Berger**

Mailing Address 4141 N Murray Ave

City State Zip Code  
Milwaukee WI 53211-2011

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

Name of Employer Occupation  
Retired Retired Nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : VNHWGCN7FZ4**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Janet Bewley**

Mailing Address 810 Chapple Ave

City State Zip Code  
Ashland WI 54806-2934

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

Name of Employer Occupation  
State of Wisconsin State Assembly Member

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : VNHWGCJQ4Q8**

Amount of Each Receipt this Period  
25.00

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

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

425.00

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 1324 Central St  
3W

City Evanston State IL Zip Code 60201-1654

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

Name of Employer Northlake Capital Management, LLC Occupation Investment Counselor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VNHWGCMGS8**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Bode**

Mailing Address 1700 Hunter Hill Rd

City Hudson State WI Zip Code 54016

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

Name of Employer none Occupation not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : VNHWGCKV6R4**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11165.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : VNHWGCKV6R4E**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

550.00

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 1700 Hunter Hill Rd

City Hudson State WI Zip Code 54016

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

Name of Employer none Occupation not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : VNHWGCMPF22**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Paul Bode**

Mailing Address 1700 Hunter Hill Rd

City Hudson State WI Zip Code 54016

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

Name of Employer none Occupation not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : VNHWGCQQH7**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**John Boehme**

Mailing Address 8642 N 66th St

City Milwaukee State WI Zip Code 53223-2711

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **235.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 19 / 2014**

**Transaction ID : VNHWGCN7GE3**

Amount of Each Receipt this Period  
**35.00**

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

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

**185.00**

**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 15 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 8642 N 66th St

City Milwaukee State WI Zip Code 53223-2711

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **285.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : VNHWGCS4AY1**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 8642 N 66th St

City Milwaukee State WI Zip Code 53223-2711

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **335.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 29 / 2014**

**Transaction ID : VNHWGCS4GT2**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Gary Bohn**

Mailing Address 12168 State Road 48

City Grantsburg State WI Zip Code 54840-8826

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : VNHWGCPCT05**

Amount of Each Receipt this Period  
**200.00**

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

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

**300.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 127**

City **Drummond** State **WI** Zip Code **54832-0127**

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

Name of Employer Information Requested  
**Information Requested**

Occupation Information Requested  
**Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 16 / 2014**

**Transaction ID : VNHWGCN4MZ0**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Therese Bourg**

Mailing Address **PO Box 127**

City **Drummond** State **WI** Zip Code **54832-0127**

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

Name of Employer Information Requested  
**Information Requested**

Occupation Information Requested  
**Information Requested**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : VNHWGCRFE73**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Adrian R Bourque**

Mailing Address **722 Parcher St**

City **Wausau** State **WI** Zip Code **54403-4200**

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

Name of Employer Information Requested  
**Marshfield Clinic**

Occupation Information Requested  
**Radiation Oncologist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : VNHWGCKVDS7**

Amount of Each Receipt this Period  
**200.00**

\* Earmarked Contribution: See Below

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

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

**500.00**



**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **11165.33**

Date of Receipt **04 / 16 / 2014**

**Transaction ID : VNHWGCKVDS7E**

Amount of Each Receipt this Period **200.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Adrian R Bourque**

Mailing Address **722 Parcher St**

City **Wausau** State **WI** Zip Code **54403-4200**

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

Name of Employer **Marshfield Clinic** Occupation **Radiation Oncologist**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **750.00**

Date of Receipt **05 / 09 / 2014**

**Transaction ID : VNHWGCMYD88**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Adrian R Bourque**

Mailing Address **722 Parcher St**

City **Wausau** State **WI** Zip Code **54403-4200**

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

Name of Employer **Marshfield Clinic** Occupation **Radiation Oncologist**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **850.00**

Date of Receipt **06 / 03 / 2014**

**Transaction ID : VNHWGCQ6391**

Amount of Each Receipt this Period **100.00**

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

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

**350.00**

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 1403 Joyce Rd

City Monona State WI Zip Code 53716-2950

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

Name of Employer University of Wisconsin Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **170.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 07 / 2014**

**Transaction ID : VNHWGCMYB93**

Amount of Each Receipt this Period  
**20.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dean Bowles**

Mailing Address 1403 Joyce Rd

City Monona State WI Zip Code 53716-2950

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

Name of Employer University of Wisconsin Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **270.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 13 / 2014**

**Transaction ID : VNHWCQDJR7**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 2041 Hickory Rd

City Mosinee State WI Zip Code 54455-9384

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : VNHWGCKTTG5**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

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

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

**170.00**

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : VNHWGCKTTG5E**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**James Bray**

Mailing Address **2041 Hickory Rd**

City **Mosinee** State **WI** Zip Code **54455-9384**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**475.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2014**

**Transaction ID : VNHWGCKTTN5**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**50.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 24 / 2014**

**Transaction ID : VNHWGCKTTN5E**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

\_\_\_\_\_

**50.00**

\_\_\_\_\_

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 2041 Hickory Rd

City Mosinee State WI Zip Code 54455-9384

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 07 / 2014**

**Transaction ID : VNHWGCMYBC6**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**James Bray**

Mailing Address 2041 Hickory Rd

City Mosinee State WI Zip Code 54455-9384

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **575.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 24 / 2014**

**Transaction ID : VNHWGCNYQJ9**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 2041 Hickory Rd

City Mosinee State WI Zip Code 54455-9384

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **625.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 07 / 2014**

**Transaction ID : VNHWGCQ63H5**

Amount of Each Receipt this Period  
**50.00**

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

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

**150.00**

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 2041 Hickory Rd

City State Zip Code  
Mosinee WI 54455-9384

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
675.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : VNHWGCS4B72**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Christine A Bremer Muggli Esq.**

Mailing Address 3909 Pine Siskin Ln

City State Zip Code  
Wausau WI 54401-6400

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

Name of Employer Occupation  
Bremer & Trollop, SC Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : VNHWGCKTTP3**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11165.33

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : VNHWGCKTTP3E**

Amount of Each Receipt this Period  
100.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Christine A Bremer Muggli Esq.**

Mailing Address 3909 Pine Siskin Ln

City Wausau State WI Zip Code 54401-6400

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

Name of Employer: Bremer & Trollop, SC Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **300.00**

Date of Receipt: **05 / 24 / 2014**

**Transaction ID : VNHWGCNYQF5**

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

**B.** Full Name (Last, First, Middle Initial)  
**Christine A Bremer Muggli Esq.**

Mailing Address 3909 Pine Siskin Ln

City Wausau State WI Zip Code 54401-6400

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

Name of Employer: Bremer & Trollop, SC Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **400.00**

Date of Receipt: **06 / 24 / 2014**

**Transaction ID : VNHWGCS4BK7**

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

**C.** Full Name (Last, First, Middle Initial)  
**Doris Brewster**

Mailing Address 2638 6-5 3/4 Ave

City New Auburn State WI Zip Code 54757

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **500.00**

Date of Receipt: **06 / 27 / 2014**

**Transaction ID : VNHWGCRFCG9**

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

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

**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 23 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 175 Crescent Rd

City San Anselmo State CA Zip Code 94960-2746

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

Name of Employer Self-employed Occupation Retired Psychotherapist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : VNHWGCN4CH3**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Demaris Brinton**

Mailing Address PO Box 1192

City Bayfield State WI Zip Code 54814-1192

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

Name of Employer Apostle Island Booksellers Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : VNHWGCQ6B32**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Demaris Brinton**

Mailing Address PO Box 1192

City Bayfield State WI Zip Code 54814-1192

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

Name of Employer Apostle Island Booksellers Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : VNHWGCS4JH5**

Amount of Each Receipt this Period  
 25.00

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

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

525.00

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 4849 N Oakland Ave

City Milwaukee State WI Zip Code 53217-6051

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

Name of Employer Planned Parenthood Occupation Medical Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : VNHWGCJV4N2**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Alison Brooks**

Mailing Address 1802 Monroe St  
Unit 409

City Madison State WI Zip Code 53711-2028

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

Name of Employer UW-Madison Occupation Teaching Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : VNHWGCPD949**

Amount of Each Receipt this Period  
 31.00

**C.** Full Name (Last, First, Middle Initial)  
**Alison Brooks**

Mailing Address 1802 Monroe St  
Unit 409

City Madison State WI Zip Code 53711-2028

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

Name of Employer UW-Madison Occupation Teaching Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : VNHWGCQ9472**

Amount of Each Receipt this Period  
 500.00

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

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

781.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 1478 Lakehurst Rd

City Mosinee State WI Zip Code 54455-9330

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : VNHWGCJQ4K6**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrea Brown**

Mailing Address 1478 Lakehurst Rd

City Mosinee State WI Zip Code 54455-9330

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : VNHWGCPD0S5**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Andrea Brown**

Mailing Address 1478 Lakehurst Rd

City Mosinee State WI Zip Code 54455-9330

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : VNHWGCS4HW1**

Amount of Each Receipt this Period  
50.00

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

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

550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Charles M Burton**

Mailing Address PO Box 101

City Washburn State WI Zip Code 54891-0101

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 16 / 2014**

**Transaction ID : VNHWGCQG7P0**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Charles M Burton**

Mailing Address PO Box 101

City Washburn State WI Zip Code 54891-0101

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 29 / 2014**

**Transaction ID : VNHWGCRMAA7**

Amount of Each Receipt this Period  
**850.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mo Cahill**

Mailing Address 1833 W Touhy Ave

City Chicago State IL Zip Code 60626-2321

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

Name of Employer self Occupation farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 19 / 2014**

**Transaction ID : VNHWGCQSBG3**

Amount of Each Receipt this Period  
**250.00**

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

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

**1600.00**

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **W4474 River Rd**

City <b>Fredonia</b>	State <b>WI</b>	Zip Code <b>53021-9237</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer <b>CENTOFANTI LAW SC</b>	Occupation <b>Attorney</b>
--	-------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		27		2014

**Transaction ID : VNHWGNCNWJ93**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **316 W Spruce St**

City <b>Chippewa Falls</b>	State <b>WI</b>	Zip Code <b>54729-1734</b>
-------------------------------	--------------------	-------------------------------

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

Name of Employer <b>Retired</b>	Occupation <b>Retired Medic</b>
------------------------------------	------------------------------------

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**175.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		23		2014

**Transaction ID : VNHWGCKTTS6**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City <b>Cambridge</b>	State <b>MA</b>	Zip Code <b>02238-2110</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer <b>Conduit total listed in Agg. field</b>	Occupation <b>Conduit total listed in Agg. field</b>
---	---

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**11165.33**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		23		2014

**Transaction ID : VNHWGCKTTS6E**

Amount of Each Receipt this Period  
**100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

**350.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 316 W Spruce St

City Chippewa Falls State WI Zip Code 54729-1734

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

Name of Employer Retired Occupation Retired Medic

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : VNHWGCS4BS4**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 316 W Spruce St

City Chippewa Falls State WI Zip Code 54729-1734

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

Name of Employer Retired Occupation Retired Medic

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2014**

**Transaction ID : VNHWGCS4BT2**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mary Cleveland**

Mailing Address 20 W 72nd St  
Apt 506

City New York State NY Zip Code 10023-4100

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

Name of Employer Columbia University SIPA Occupation adjunct professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **263.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : VNHWGCS4BZ2**

Amount of Each Receipt this Period  
**250.00**

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

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

**325.00**

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 140 W 22nd St  
Apt 7B

City New York State NY Zip Code 10011-2789

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

Name of Employer BNP Paribas Occupation Finance

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.01

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2014

**Transaction ID : VNHWGCKTTQ1**

Amount of Each Receipt this Period  
1000.01

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11165.33

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 24 / 2014

**Transaction ID : VNHWGCKTTQ1E**

Amount of Each Receipt this Period  
1000.01

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Henry Cole**

Mailing Address 627 W 8th St

City Washburn State WI Zip Code 54891

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2014

**Transaction ID : VNHWGCMY9W7**

Amount of Each Receipt this Period  
25.00

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

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

1025.01

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Henry Cole</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2014	
Mailing Address 627 W 8th St		<b>Transaction ID : VNHWGCNYQC1</b>	
City Washburn	State WI	Zip Code 54891	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00		

Full Name (Last, First, Middle Initial) <b>B. Henry Cole</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 627 W 8th St		<b>Transaction ID : VNHWGCQQ3G0</b>	
City Washburn	State WI	Zip Code 54891	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 375.00		

Full Name (Last, First, Middle Initial) <b>C. Henry Cole</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2014	
Mailing Address 627 W 8th St		<b>Transaction ID : VNHWGCRR7EJ7</b>	
City Washburn	State WI	Zip Code 54891	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	75.00

**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 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 1448 State Hwy 46

City Balsam Lake State WI Zip Code 54810

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

Name of Employer Retired Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 02 / 2014**

**Transaction ID : VNHWGCPDFK9**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Joanne Collins**

Mailing Address 86360 Meyers Olson Rd

City Bayfield State WI Zip Code 54814-4510

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 04 / 2014**

**Transaction ID : VNHWGCJQ4Y3**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**Joanne Collins**

Mailing Address 86360 Meyers Olson Rd

City Bayfield State WI Zip Code 54814-4510

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : VNHWGCNXP8**

Amount of Each Receipt this Period  
**100.00**

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

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

**225.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 86360 Meyers Olson Rd

City Bayfield State WI Zip Code 54814-4510

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCS4XQ7**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address PO Box 99

City Birchwood State WI Zip Code 54817-0099

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : VNHWGCPXXW7**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address 1218 Sweetbriar Rd

City Madison State WI Zip Code 53705-2228

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

Name of Employer UW-Madison: Dept. of Agronomy Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : VNHWGCQQGW2**

Amount of Each Receipt this Period  
**500.00**

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

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

**675.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 545**  
**23328 Nyren Road**

City **Siren** State **WI** Zip Code **54872-0545**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : VNHWGCRBER5**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Chester Ray Crain**

Mailing Address **2905 Bliss Ave**

City **Clovis** State **CA** Zip Code **93611-5260**

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

Name of Employer **C. Ray Crain Consulting** Occupation **Organizational Improvement Consultant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 26 / 2014**

**Transaction ID : VNHWGCS4C67**

Amount of Each Receipt this Period  
**1500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Chester Ray Crain**

Mailing Address **2905 Bliss Ave**

City **Clovis** State **CA** Zip Code **93611-5260**

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

Name of Employer **C. Ray Crain Consulting** Occupation **Organizational Improvement Consultant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : VNHWGCS4C81**

Amount of Each Receipt this Period  
**1100.00**

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

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

**3600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 154
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Chester Ray Crain</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 2905 Bliss Ave		<b>Transaction ID : VNHWGCS4CA7</b>	
City Clovis	State CA	Zip Code 93611-5260	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer C. Ray Crain Consulting	Occupation Organizational Improvement Consultant		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>B. Patrick Crowley</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014	
Mailing Address 630 E St NE		<b>Transaction ID : VNHWGCRBAE7</b>	
City Washington	State DC	Zip Code 20002-5230	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer Brown, Williams, Moorhead, & Quinn, In	Occupation Vice President		
Receipt For: 2014 <input checked="" 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>C. Richard Dart</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 16 / 2014	
Mailing Address 9050 Ader Rd		<b>Transaction ID : VNHWGCKVFA2</b>	
City Marshfield	State WI	Zip Code 54449	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Marshfield Clinic Research Foundation	Occupation Emertius Researcher		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3050.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : VNHWGCKVFA2E**

Amount of Each Receipt this Period  
**50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Richard Dart**

Mailing Address **9050 Ader Rd**

City **Marshfield** State **WI** Zip Code **54449**

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

Name of Employer Occupation  
**Marshfield Clinic Research Foundation** **Emertius Researcher**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 23 / 2014**

**Transaction ID : VNHWGCS4B15**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **9050 Ader Rd**

City **Marshfield** State **WI** Zip Code **54449**

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

Name of Employer Occupation  
**Marshfield Clinic Research Foundation** **Emertius Researcher**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**425.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : VNHWGCS4B56**

Amount of Each Receipt this Period  
**25.00**

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

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

**125.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 1538 Burlingame Ave

City State Zip Code  
Burlingame CA 94010-5102

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

Name of Employer Occupation  
Google Former Software Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : VNHWGCPDEB5**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrea Dew-Steele**

Mailing Address 513 Simonds Loop # A

City State Zip Code  
San Francisco CA 94129-1787

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

Name of Employer Occupation  
Not employed Not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : VNHWGCKTZK9**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11165.33

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : VNHWGCKTZK9E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 7410 Lakeview Dr

City Eau Claire State WI Zip Code 54701-8329

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

Name of Employer US Senate Occupation Political Aide

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : VNHWGCS4CF6**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Sara Dillivan-Graves**

Mailing Address 3742 Frosted Leaf Dr

City Madison State WI Zip Code 53719-6245

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

Name of Employer State of Wisconsin Occupation Legal Secretary

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : VNHWGCQ94B4**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Patrick Duffy**

Mailing Address 900 6th Ave W

City Ashland State WI Zip Code 54806-3015

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

Name of Employer United Health Care Occupation Claims Adjustor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1158.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : VNHWGCJRXY5**

Amount of Each Receipt this Period  
20.00

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

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

170.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 900 6th Ave W

City Ashland State WI Zip Code 54806-3015

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

Name of Employer United Health Care Occupation Claims Adjustor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1203.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : VNHWGCRMP02**

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
**Patrick Duffy**

Mailing Address 900 6th Ave W

City Ashland State WI Zip Code 54806-3015

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

Name of Employer United Health Care Occupation Claims Adjustor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1203.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : VNHWGCS4HH4**

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
**Patrick Duffy**

Mailing Address 900 6th Ave W

City Ashland State WI Zip Code 54806-3015

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

Name of Employer United Health Care Occupation Claims Adjustor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1208.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCS58K7**

Amount of Each Receipt this Period  
5.00

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

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

50.00

**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 39 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Robert J Dunne Jr.**

Mailing Address 1615 10th Ave W

City Ashland State WI Zip Code 54806-3773

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : VNHWGCNXP6**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 4230 N Downer Ave # 111

City Milwaukee State WI Zip Code 53211-1717

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

Name of Employer Lightray Development LLC Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : VNHWGCMEQ25**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Frederick L Ehrke**

Mailing Address 224 Knoll Ct

City Deerfield State WI Zip Code 53531-9524

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 06 / 2014**

**Transaction ID : VNHWGCMEQ25**

Amount of Each Receipt this Period  
**200.00**

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

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

**550.00**

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

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

FOR LINE NUMBER: PAGE 40 OF 154  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 1000 Superior Ave

City Washburn State WI Zip Code 54891-3407

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCS4X21**

Amount of Each Receipt this Period  
 100.00

Amount of Each Receipt this Period  
 550.00

**B.** Full Name (Last, First, Middle Initial)  
**Niko Elmaleh**

Mailing Address 950 3rd Ave

City New York State NY Zip Code 10022-2705

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

Name of Employer World-Wide Holdings Corp Occupation Executive VP

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2014

**Transaction ID : VNHWGCRJYD8**

Amount of Each Receipt this Period  
 1000.00

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Elisa Farmilant**

Mailing Address PO Box 349

City Arbor Vitae State WI Zip Code 54568-0349

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

Name of Employer Justin Engineering, Inc Occupation Office Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2014

**Transaction ID : VNHWGCPFF22**

Amount of Each Receipt this Period  
 50.00

Amount of Each Receipt this Period  
 310.00

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

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

1150.00



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

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

FOR LINE NUMBER: PAGE 41 OF 154  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 349**

City **Arbor Vitae** State **WI** Zip Code **54568-0349**

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

Name of Employer **Justin Engineering, Inc** Occupation **Office Manager**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **335.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : VNHWGCS4W60**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Betty Ferris**

Mailing Address **310 E 3rd St**

City **Washburn** State **WI** Zip Code **54891-9580**

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

Name of Employer **TMG/QTI** Occupation **Aging & Disabilities Consultant**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : VNHWGCPFFY3**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Bob Fertik**

Mailing Address **PO Box 1452**

City **New York** State **NY** Zip Code **10276-1452**

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

Name of Employer **Democrats.Com** Occupation **President**

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **2036.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : VNHWGCRSES3**

Amount of Each Receipt this Period  
**2036.00**

\* In-Kind: In-district Email List

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

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

**2111.00**

**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 42 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 65510 Gillis Rd

City Ashland State WI Zip Code 54806-3764

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

Name of Employer Fiorio Investment Planning Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : VNHWGCK4RY8**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Renea Frederick**

Mailing Address PO Box 512

City Merrill State WI Zip Code 54452-0512

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

Name of Employer No Worries Lodge Occupation owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VNHWGCM59M5**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Bryan Freedman**

Mailing Address 969 Page St

City San Francisco State CA Zip Code 94117-2318

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

Name of Employer Adelard And Edwards, Inc Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2014

**Transaction ID : VNHWGCS4EK3**

Amount of Each Receipt this Period  
 500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Caroline Fribance</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2014
Mailing Address 4525 Winnequah Rd		<b>Transaction ID : VNHWGCN4KH9</b>
City Monona	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer retired	Occupation retired atty/executive	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 225.00	

Full Name (Last, First, Middle Initial) <b>B. Ron Garret</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014
Mailing Address 631 Sylvan Way		<b>Transaction ID : VNHWGCR76Z1</b>
City Emerald Hills	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Spark Innovations, Inc	Occupation Entrepreneur	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Colleen Geisen</b>		Date of Receipt MM / DD / YYYY 05 / 27 / 2014
Mailing Address 610 Hillside Dr		<b>Transaction ID : VNHWGCNXPJ0</b>
City Washburn	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 131.00
Name of Employer Mellen School District	Occupation Teacher	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 281.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1206.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 351 Riviera Cir

City Larkspur State CA Zip Code 94939-1508

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 24 / 2014

**Transaction ID : VNHWGCS4B49**

Amount of Each Receipt this Period  
 300.00

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

Mailing Address 870 Strawberry Dr  
PO Box 205

City Hudson State WI Zip Code 54016-7407

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

Name of Employer MN Dept. of Transportation Occupation Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : VNHWGCQD509**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Karen Graff**

Mailing Address 2336 Shepherd St

City Mosinee State WI Zip Code 54455-9758

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : VNHWGCQDY93**

Amount of Each Receipt this Period  
 100.00

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

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

500.00

**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 45 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 43805 County Highway D  
(Lake Namakagon)

City State Zip Code  
Cable WI 54821

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

Name of Employer Occupation  
None - retired Retired legal sec.

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**235.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : VNHWGCNXP4**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Cynthia Grant**

Mailing Address 4327 43rd St NW

City State Zip Code  
Washington DC 20016-2413

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

Name of Employer Occupation  
GAO Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**220.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : VNHWGCPGNG2**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**James R Grittner**

Mailing Address 2325 Hughitt Ave

City State Zip Code  
Superior WI 54880-4920

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

Name of Employer Occupation  
UW-Superior (Retired) Retired Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 14 / 2014**

**Transaction ID : VNHWGCJYCR8**

Amount of Each Receipt this Period  
**100.00**

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

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

**250.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**James R Grittner**

Mailing Address 2325 Hughitt Ave

City Superior State WI Zip Code 54880-4920

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

Name of Employer UW-Superior (Retired) Occupation Retired Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 28 / 2014**

**Transaction ID : VNHWGCRK738**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 125 Park Ave  
FI 12

City New York State NY Zip Code 10017-5690

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

Name of Employer Newmark Knight Frank Occupation Chairman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 23 / 2014**

**Transaction ID : VNHWGCMS4K5**

Amount of Each Receipt this Period  
**2600.00**

**C.** Full Name (Last, First, Middle Initial)  
**John H Gusmer**

Mailing Address 950 County Road Qq  
Apt 303

City Waupaca State WI Zip Code 54981-8199

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : VNHWGCREFN8**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas H Haines**

Mailing Address 20 W 72nd St  
# 506

City State Zip Code  
New York NY 10023-4100

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

Name of Employer Occupation  
Rockefeller University Biochemist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 26 / 2014

**Transaction ID : VNHWGCS4C18**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Hallett**

Mailing Address 1009 Island Dr

City State Zip Code  
Delray Beach FL 33483-7119

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

Name of Employer Occupation  
None Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2014

**Transaction ID : VNHWGCPDBF1**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey Hallett**

Mailing Address 1009 Island Dr

City State Zip Code  
Delray Beach FL 33483-7119

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

Name of Employer Occupation  
None Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : VNHWGCS4M56**

Amount of Each Receipt this Period  
100.00

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

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

450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Jonathan Hamilton</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 6100 Lauste Rd		<b>Transaction ID : VNHWGCREF28</b>
City Iron River	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1050.00
Name of Employer White Winter Winery	Occupation Owner	* In-Kind: Fundraising Space and Beverages
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) <b>B. Carol Hardin</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 1016 4th St		<b>Transaction ID : VNHWGCMFNO</b>
City Hudson	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer City Of Hudson	Occupation Librarian	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial) <b>C. Carol Hardin</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1016 4th St		<b>Transaction ID : VNHWGCS59F8</b>
City Hudson	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer City Of Hudson	Occupation Librarian	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 205.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1255.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 592 7 1/2 St

City State Zip Code  
Prairie Farm WI 54762-9537

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

Name of Employer Occupation  
Dancing Oak Publishing Publishing

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
440.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCS56H9**

Amount of Each Receipt this Period  
210.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Harnish Esq.**

Mailing Address PO Box 65

City State Zip Code  
Neillsville WI 54456-0065

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : VNHWCQG4S8**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Fred Harris**

Mailing Address PO Box 844

City State Zip Code  
Racine WI 53401-0844

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

Name of Employer Occupation  
Key Lakes Inc. Marine Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 29 / 2014

**Transaction ID : VNHWGCP3RF9**

Amount of Each Receipt this Period  
1000.00

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

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

1310.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 19483 79th Ave

City Chippewa Falls State WI Zip Code 54729-8286

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNHWGCM1M85**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 1800 N Wolcott Ave

City Chicago State IL Zip Code 60622-1004

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

Name of Employer self Occupation business

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : VNHWGCR7CZ4**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Molly Herr**

Mailing Address 5920 Wild Rose Ln

City Eau Claire State WI Zip Code 54701-8783

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

Name of Employer Mayo Clic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : VNHWGCS4HK0**

Amount of Each Receipt this Period  
**250.00**

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

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

**850.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address W11540 Bogus Rd

City State Zip Code  
Deerbrook WI 54424-9611

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

Name of Employer Occupation  
Terminologix LLC Management Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 06 / 2014

**Transaction ID : VNHWGCKV7W7**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11165.33

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 06 / 2014

**Transaction ID : VNHWGCKV7W7E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Robert Hogan**

Mailing Address W11540 Bogus Rd

City State Zip Code  
Deerbrook WI 54424-9611

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

Name of Employer Occupation  
Terminologix LLC Management Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 16 / 2014

**Transaction ID : VNHWGCR7B58**

Amount of Each Receipt this Period  
250.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 1015 Sheridan Rd

City State Zip Code  
Glencoe IL 60022-1236

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

Name of Employer Occupation  
OFA Field Organizer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 19 / 2014

**Transaction ID : VNHWGCQTDZ3**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Huftel**

Mailing Address 2209 19 3/8 Ave

City State Zip Code  
Rice Lake WI 54868-9018

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

Name of Employer Occupation  
Wisconsin Indianhead Technical College Vice President/New Richmond Campus Adm

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : VNHWGCKV6S2**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11165.33

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : VNHWGCKV6S2E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 315 W 106th St  
Apt 3C

City State Zip Code  
New York NY 10025-3445

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

Name of Employer Occupation  
Cyrus D. Mehta & Associates, PLLC Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2014

**Transaction ID : VNHWGCPB003**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Christopher L Jelen**

Mailing Address 8407 Castleberry Cir

City State Zip Code  
Schofield WI 54476-5688

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

Name of Employer Occupation  
Northrop Grumman Engineer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 09 / 2014

**Transaction ID : VNHWGCPXV44**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel F Johnson**

Mailing Address 3652 Tamarack Ln

City State Zip Code  
Eau Claire WI 54701-7264

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
900.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2014

**Transaction ID : VNHWGCKV1Z7**

Amount of Each Receipt this Period  
100.00

\* Earmarked Contribution: See Below

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

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

550.00

**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 54 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 11 / 2014**

**Transaction ID : VNHWGCKV1Z7E**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Daniel F Johnson**

Mailing Address **3652 Tamarack Ln**

City **Eau Claire** State **WI** Zip Code **54701-7264**

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

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2014**

**Transaction ID : VNHWGCKVV08**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**50.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date \_\_\_\_\_  
**11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 20 / 2014**

**Transaction ID : VNHWGCKVV08E**

Amount of Each Receipt this Period  
 \_\_\_\_\_  
**50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

\_\_\_\_\_

\_\_\_\_\_

**50.00**

\_\_\_\_\_

**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 55 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel F Johnson**

Mailing Address 3652 Tamarack Ln

City Eau Claire	State WI	Zip Code 54701-7264
--------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1050.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 11 / 2014

**Transaction ID : VNHWGCMYDX4**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Daniel F Johnson**

Mailing Address 3652 Tamarack Ln

City Eau Claire	State WI	Zip Code 54701-7264
--------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : VNHWGCNYP54**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel F Johnson**

Mailing Address 3652 Tamarack Ln

City Eau Claire	State WI	Zip Code 54701-7264
--------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 07 / 2014

**Transaction ID : VNHWGCQ63E1**

Amount of Each Receipt this Period  
100.00

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

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

250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Daniel F Johnson**

Mailing Address 3652 Tamarack Ln

City Eau Claire State WI Zip Code 54701-7264

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 11 / 2014

**Transaction ID : VNHWGCQPYA3**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
**Daniel F Johnson**

Mailing Address 3652 Tamarack Ln

City Eau Claire State WI Zip Code 54701-7264

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : VNHWGCR7E96**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel F Johnson**

Mailing Address 3652 Tamarack Ln

City Eau Claire State WI Zip Code 54701-7264

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1375.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGC57M5**

Amount of Each Receipt this Period  
25.00

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

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

175.00



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

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

FOR LINE NUMBER: PAGE 57 OF 154  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Gayle P Kagen RN-BSN**

Mailing Address 1712 S Mason St

City Appleton State WI Zip Code 54914-5535

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

Name of Employer self Occupation nurse

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : VNHWGCR6P9**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Steve Kagen M.D.**

Mailing Address 1712 S Mason St

City Appleton State WI Zip Code 54914-5535

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : VNHWGCKTTY6**

Amount of Each Receipt this Period  
 1000.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : VNHWGCKTTY6E**

Amount of Each Receipt this Period  
 1000.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**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 58 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Steve Kagen M.D.**

Mailing Address 1712 S Mason St

City Appleton State WI Zip Code 54914-5535

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 18 / 2014

**Transaction ID : VNHWCN6BG0**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Stan Kanter**

Mailing Address 620 S 2nd St

City Mount Horeb State WI Zip Code 53572-2152

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

Name of Employer President Occupation Pure Sweet Honey

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : VNHWCN6BG0**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Stan Kanter**

Mailing Address 620 S 2nd St

City Mount Horeb State WI Zip Code 53572-2152

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

Name of Employer President Occupation Pure Sweet Honey

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : VNHWCN6BG0**

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 59 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 2821 N Pine Grove Ave

City Chicago State IL Zip Code 60657-6109

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

Name of Employer Quarles & Brady LLP Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : VNHWGCMYB19**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Susan Kay**

Mailing Address 2640 Benedict Canyon Dr

City Beverly Hills State CA Zip Code 90210-1023

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

Name of Employer Shriners Hospital for Children Occupation Surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCSNNZ6**

Amount of Each Receipt this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
**Philomena Kebec**

Mailing Address 117 8th St E

City Ashland State WI Zip Code 54806-3228

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

Name of Employer Bad River Tribe Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : VNHWGCMY870**

Amount of Each Receipt this Period

50.00

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

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

1050.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 117 8th St E

City Ashland	State WI	Zip Code 54806-3228
-----------------	-------------	------------------------

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

Name of Employer Bad River Tribe	Occupation Attorney
-------------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 31 / 2014

**Transaction ID : VNHWGCPDDA4**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Philomena Kebec**

Mailing Address 117 8th St E

City Ashland	State WI	Zip Code 54806-3228
-----------------	-------------	------------------------

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

Name of Employer Bad River Tribe	Occupation Attorney
-------------------------------------	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCS4P59**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Kathryn Kienholz**

Mailing Address 2259 Antler Lake Ln

City Milltown	State WI	Zip Code 54858-2824
------------------	-------------	------------------------

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

Name of Employer polk county	Occupation elected official
---------------------------------	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : VNHWGCKV9H5**

Amount of Each Receipt this Period  
25.00

\* Earmarked Contribution: See Below

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

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

125.00

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

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

FOR LINE NUMBER: PAGE 61 OF 154  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 02 / 2014**

**Transaction ID : VNHWGCKV9H5E**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **25.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Kathryn Kienholz**

Mailing Address **2259 Antler Lake Ln**

City **Milltown** State **WI** Zip Code **54858-2824**

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

Name of Employer **polk county** Occupation  
**elected official**

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **475.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : VNHWGCKV0D4**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **25.00**

\* Earmarked Contribution: See Below

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation  
Conduit total listed in Agg. field \_\_\_\_\_

Receipt For: 2014  
 Primary     General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date  
 \_\_\_\_\_ **11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : VNHWGCKV0D4E**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **25.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

\_\_\_\_\_ **25.00**

\_\_\_\_\_

**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 62 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 2259 Antler Lake Ln

City Milltown State WI Zip Code 54858-2824

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

Name of Employer polk county Occupation elected official

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : VNHWGCMY9V9**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kathryn Kienholz**

Mailing Address 2259 Antler Lake Ln

City Milltown State WI Zip Code 54858-2824

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

Name of Employer polk county Occupation elected official

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 10 / 2014

**Transaction ID : VNHWGCMYDE6**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**Kathryn Kienholz**

Mailing Address 2259 Antler Lake Ln

City Milltown State WI Zip Code 54858-2824

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

Name of Employer polk county Occupation elected official

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 02 / 2014

**Transaction ID : VNHWGCQQ3F2**

Amount of Each Receipt this Period  
**25.00**

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

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

**75.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 2259 Antler Lake Ln

City Milltown State WI Zip Code 54858-2824

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

Name of Employer polk county Occupation elected official

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **575.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 10 / 2014

**Transaction ID : VNHWGCQPX84**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kathryn Kienholz**

Mailing Address 2259 Antler Lake Ln

City Milltown State WI Zip Code 54858-2824

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

Name of Employer polk county Occupation elected official

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCS4XB2**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**Nancy Kraft**

Mailing Address W5261 Butler St

City Sheldon State WI Zip Code 54766

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

Name of Employer Indianhead Community Action Agency Occupation Director of Programs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : VNHWGCQPWZ3**

Amount of Each Receipt this Period  
**100.00**

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

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

**150.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Mary Lang Sollinger**

Mailing Address 1206 Sherman Ave

City Madison State WI Zip Code 53703-1722

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 22 / 2014

**Transaction ID : VNHWGNCQJV6**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4788 Silent Shores Dr

City Rhinelander State WI Zip Code 54501-8649

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCS50M0**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Paula E. Litt**

Mailing Address 1727 W Wellington Ave

City Chicago State IL Zip Code 60657-4154

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

Name of Employer Schopf & Weiss LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : VNHWGCRBA64**

Amount of Each Receipt this Period  
200.00

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

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

950.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 8580 Oak Park Cir

City State Zip Code  
Minocqua WI 54548-8751

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
153.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : VNHWGCKTYP0**

Amount of Each Receipt this Period  
50.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code  
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11165.33

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : VNHWGCKTYP0E**

Amount of Each Receipt this Period  
50.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Dwight Logan**

Mailing Address 8580 Oak Park Cir

City State Zip Code  
Minocqua WI 54548-8751

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
156.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2014

**Transaction ID : VNHWGCKVFB0**

Amount of Each Receipt this Period  
3.00

\* Earmarked Contribution: See Below

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

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

53.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
**Conduit total listed in Agg. field**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 17 / 2014**

**Transaction ID : VNHWGCKVFB0E**

Amount of Each Receipt this Period  
**3.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Dwight Logan**

Mailing Address **8580 Oak Park Cir**

City **Minocqua** State **WI** Zip Code **54548-8751**

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

Name of Employer Occupation  
**none retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**206.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 08 / 2014**

**Transaction ID : VNHWGCMYCS0**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Dwight Logan**

Mailing Address **8580 Oak Park Cir**

City **Minocqua** State **WI** Zip Code **54548-8751**

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

Name of Employer Occupation  
**none retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**209.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 17 / 2014**

**Transaction ID : VNHWGCMYCS0**

Amount of Each Receipt this Period  
**3.00**

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

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

**53.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 8580 Oak Park Cir

City State Zip Code  
Minocqua WI 54548-8751

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
259.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 08 / 2014

**Transaction ID : VNHWGCQ63K0**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Dwight Logan**

Mailing Address 8580 Oak Park Cir

City State Zip Code  
Minocqua WI 54548-8751

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

Name of Employer none Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
262.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : VNHWGCR7B32**

Amount of Each Receipt this Period  
3.00

**C.** Full Name (Last, First, Middle Initial)  
**Larry MacDonald**

Mailing Address PO Box 969  
PO Box 969

City State Zip Code  
Bayfield WI 54814-0969

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

Name of Employer County of Bayfield Occupation Mayor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
625.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : VNHWGCJQ517**

Amount of Each Receipt this Period  
25.00

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

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

78.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address PO Box 969  
PO Box 969

City Bayfield State WI Zip Code 54814-0969

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

Name of Employer County of Bayfield Occupation Mayor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**675.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 29 / 2014**

**Transaction ID : VNHWGCS4HS7**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Madison**

Mailing Address 705 E Bridge St

City Wausau State WI Zip Code 54403-3618

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 09 / 2014**

**Transaction ID : VNHWGCPXV85**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Lois A Malawsky**

Mailing Address 7409 N Crossway Rd

City Fox Point State WI Zip Code 53217-3524

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 29 / 2014**

**Transaction ID : VNHWGCRMNK9**

Amount of Each Receipt this Period  
**250.00**

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

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

**550.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 509 E 3rd St N

City Ladysmith State WI Zip Code 54848-1561

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 16 / 2014**

**Transaction ID : VNHWCQGFJ7**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Susan W Masland**

Mailing Address 1430 E Hermitage Rd

City Bayside State WI Zip Code 53217-1936

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 14 / 2014**

**Transaction ID : VNHWCQQ126**

Amount of Each Receipt this Period  
**150.00**

**C.** Full Name (Last, First, Middle Initial)  
**Belinda Mathie**

Mailing Address 1219 W Cottage Pl

City Chicago State IL Zip Code 60607-2855

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

Name of Employer Katten Muchin Rosenman LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 05 / 2014**

**Transaction ID : VNHWCMTYAG5**

Amount of Each Receipt this Period  
**250.00**

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

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

**650.00**

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

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

FOR LINE NUMBER: PAGE 70 OF 154  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 9897 Riveredge Dr

City Marshfield State WI Zip Code 54449-8722

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 27 / 2014**

**Transaction ID : VNHWGCVZP5**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 696 Alder Lake Rd

City Manitowish Waters State WI Zip Code 54545-9064

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

Name of Employer retired Occupation retired farmer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 26 / 2014**

**Transaction ID : VNHWGCKTV35**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 26 / 2014**

**Transaction ID : VNHWGCKTV35E**

Amount of Each Receipt this Period  
**100.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

**600.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. John McFarland</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 26 / 2014
Mailing Address 696 Alder Lake Rd		<b>Transaction ID : VNHWGCMYQ97</b>
City Manitowish Waters	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer retired	Occupation retired farmer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. John McFarland</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 696 Alder Lake Rd		<b>Transaction ID : VNHWGCS4C26</b>
City Manitowish Waters	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer retired	Occupation retired farmer	
Receipt For: 2014 <input checked="" 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>C. Linda Melski</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2014
Mailing Address 1136 W Ives St		<b>Transaction ID : VNHWGCR7EF3</b>
City Marshfield	State WI	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer none	Occupation retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Richard Mercier MD**

Mailing Address 1007 N Columbus Ave

City Marshfield State WI Zip Code 54449-1277

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

Name of Employer Marshfield Clinic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : VNHWCQQG43**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Thomas L Mettelle**

Mailing Address 608 Chapple Ave

City Ashland State WI Zip Code 54806-2930

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

Name of Employer Northland College Occupation Director of Admissions

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : VNHWGCRMT92**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mary H. Metz**

Mailing Address 811 Butternut Rd

City Madison State WI Zip Code 53704-6005

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

Name of Employer NA Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : VNHWGCR7B74**

Amount of Each Receipt this Period  
**250.00**

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

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

**600.00**



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Lisa Mink M.D.**

Mailing Address 2168 16th St

City Rice Lake State WI Zip Code 54868-9590

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

Name of Employer Marshfield Clinic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : VNHWGCM7S83**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Ed Moersfelder**

Mailing Address 1003 155th St

City Amery State WI Zip Code 54001-4813

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : VNHWGCR7BJ1**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Deborah Monicken**

Mailing Address 200 7th St N

City Hudson State WI Zip Code 54016

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **470.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNHWGCM0PX8**

Amount of Each Receipt this Period  
**70.00**

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

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

**220.00**

**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 74 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 428 E Tyler Ave

City Eau Claire State WI Zip Code 54701-6553

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 07 / 2014

**Transaction ID : VNHWGCKTXA4**

Amount of Each Receipt this Period  
250.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11165.33

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 07 / 2014

**Transaction ID : VNHWGCKTXA4E**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**William Murat**

Mailing Address 1701 16th St NW Apt 816

City Washington State DC Zip Code 20009-3131

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

Name of Employer Chief of Staff Occupation Office of Sen. Tammy Baldwin

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 06 / 2014

**Transaction ID : VNHWGCMEMYO**

Amount of Each Receipt this Period  
250.00

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

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

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 42960 Kavanaugh Rd

City State Zip Code  
Cable WI 54821-4583

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

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 30 / 2014

**Transaction ID : VNHWGCS4XR5**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Lon Newman**

Mailing Address N15090 Round Lake Ln

City State Zip Code  
Park Falls WI 54552-7287

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

Name of Employer Occupation  
Family Planning Health Service Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
305.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2014

**Transaction ID : VNHWGCS4H83**

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
**Kathleen Noel**

Mailing Address 14705 Lata Vista Dr

City State Zip Code  
Elm Grove WI 53122-2121

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2014

**Transaction ID : VNHWGCP70K0**

Amount of Each Receipt this Period  
300.00

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

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

555.00

**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 76 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 574 Belvedere St

City San Francisco State CA Zip Code 94117-4364

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

Name of Employer SF-Marin Food Bank Occupation advocate

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : VNHWCN7JB4**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Louise Olson**

Mailing Address W3091 Olson Rd

City Warrens State WI Zip Code 54666-8035

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

Name of Employer self employed Occupation cranberry grower

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : VNHWCN4GX6**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Patricia J. Ortman**

Mailing Address 1800 County Highway A

City Ashland State WI Zip Code 54806-4918

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : VNHWCNRFEE8**

Amount of Each Receipt this Period  
100.00

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

**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 77 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia J. Ortman**

Mailing Address 1800 County Highway A

City Ashland State WI Zip Code 54806-4918

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **385.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : VNHWGCQVHT2**

Amount of Each Receipt this Period  
**35.00**

**B.** Full Name (Last, First, Middle Initial)  
**Patricia J. Ortman**

Mailing Address 1800 County Highway A

City Ashland State WI Zip Code 54806-4918

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

Name of Employer Not employed Occupation Not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **485.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 25 / 2014**

**Transaction ID : VNHWGCS4BM5**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Diane W Parker**

Mailing Address PO Box 1011

City Thomasville State GA Zip Code 31799-1011

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

Name of Employer Self Employed Occupation Retail

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 09 / 2014**

**Transaction ID : VNHWGCPXY16**

Amount of Each Receipt this Period  
**500.00**

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

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

**635.00**

**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 78 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 555 S El Monte Ave

City Los Altos State CA Zip Code 94022-4057

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

Name of Employer Acorn Financial Planning Occupation Investment Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : VNHWGCP73Z0**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Amy Pearl**

Mailing Address 555 S El Monte Ave

City Los Altos State CA Zip Code 94022-4057

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

Name of Employer Acorn Financial Planning Occupation Investment Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 16 / 2014

**Transaction ID : VNHWGCR7B09**

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Perlongo**

Mailing Address N3145 State Road 40

City Bruce State WI Zip Code 54819-9514

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : VNHWGCMGQW6**

Amount of Each Receipt this Period  
250.00

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

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

650.00

**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 79 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 750 Round Lake Rd

City Luck State WI Zip Code 54853-2017

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **480.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 04 / 2014**

**Transaction ID : VNHWGCJQ541**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 750 Round Lake Rd

City Luck State WI Zip Code 54853-2017

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

Name of Employer None Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **580.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : VNHWGCS4QD5**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
**Todd Punke**

Mailing Address 4104 Sunny Hill Ln

City Wausau State WI Zip Code 54401-3713

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

Name of Employer Bowen EHS Inc. Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : VNHWGCKVBX3**

Amount of Each Receipt this Period  
**100.00**

\* Earmarked Contribution: See Below

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

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

**220.00**

**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 80 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11165.33**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		16		2014

**Transaction ID : VNHWGCKVBX3E**

Amount of Each Receipt this Period  
**100.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Rebecca J. Rathke**

Mailing Address **803 5th Ave W**

City **Washburn** State **WI** Zip Code **54891-9348**

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

Name of Employer Occupation  
Teacher Washburn School

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		17		2014

**Transaction ID : VNHWCQM9A4**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Charly Ray**

Mailing Address **32020 Friendly Valley Rd**

City **Washburn** State **WI** Zip Code **54891**

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

Name of Employer Occupation  
Northern Ecosystem Services Forestry

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		21		2014

**Transaction ID : VNHWGCKTSM4**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

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

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

**250.00**



**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 81 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **11165.33**

Date of Receipt **04 / 21 / 2014**

**Transaction ID : VNHWGCKTSM4E**

Amount of Each Receipt this Period **50.00**

**[MEMO ITEM]**  
Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Charly Ray**

Mailing Address **32020 Friendly Valley Rd**

City **Washburn** State **WI** Zip Code **54891**

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

Name of Employer **Northern Ecosystem Services** Occupation **Forestry**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **250.00**

Date of Receipt **05 / 21 / 2014**

**Transaction ID : VNHWGCNYQ48**

Amount of Each Receipt this Period **50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Charly Ray**

Mailing Address **32020 Friendly Valley Rd**

City **Washburn** State **WI** Zip Code **54891**

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

Name of Employer **Northern Ecosystem Services** Occupation **Forestry**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **300.00**

Date of Receipt **06 / 21 / 2014**

**Transaction ID : VNHWGCR7EE6**

Amount of Each Receipt this Period **50.00**

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

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

**100.00**

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 82 OF 154

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 32020 Friendly Valley Rd

City Washburn State WI Zip Code 54891

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

Name of Employer Northern Ecosystem Services Occupation Forestry

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : VNHWGCS4H26**

Amount of Each Receipt this Period  
 250.00

550.00

**B.** Full Name (Last, First, Middle Initial)  
**Joan P. Resch**

Mailing Address N1340 Lakeview Ln

City Antigo State WI Zip Code 54409-8799

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : VNHWGCRF5R8**

Amount of Each Receipt this Period  
 100.00

300.00

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

Mailing Address 1904 Circlewood Dr

City Racine State WI Zip Code 53402-1532

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

Name of Employer Richards & Hall, s.c. Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : VNHWGCPD8T0**

Amount of Each Receipt this Period  
 250.00

250.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 505 Oak St W

City Frederic State WI Zip Code 54837-4639

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 17 / 2014**

**Transaction ID : VNHWGCQJ5C5**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
**Louise S. Robbins**

Mailing Address 5406 Regent St

City Madison State WI Zip Code 53705-4629

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

Name of Employer Retired Occupation Retired (Former Professor)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **410.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 01 / 2014**

**Transaction ID : VNHWGCMY9H2**

Amount of Each Receipt this Period  
**10.00**

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Z. Roberts**

Mailing Address 845 Everest Dr

City Rothschild State WI Zip Code 54474-1020

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

Name of Employer Retired Occupation Retired Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : VNHWGCNT795**

Amount of Each Receipt this Period  
**500.00**

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

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

**660.00**

**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 84 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Z. Roberts**

Mailing Address 845 Everest Dr

City State Zip Code  
Rothschild WI 54474-1020

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

Name of Employer Occupation  
Retired Retired Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCSAPA6**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Lee C. Rogers DPM**

Mailing Address 3304 Soft Whisper Ct

City State Zip Code  
Simi Valley CA 93065-0593

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

Name of Employer Occupation  
Valley Presbyterian Hospital Podiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 27 / 2014

**Transaction ID : VNHWGCPD8X3**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Franklin D Roosevelt III**

Mailing Address 404 Riverside Dr

City State Zip Code  
New York NY 10025-1861

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

Name of Employer Occupation  
Metropolitan College of New York college professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : VNHWGCMYAA8**

Amount of Each Receipt this Period  
50.00

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

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

1050.00

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

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

FOR LINE NUMBER: PAGE 85 OF 154  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Franklin D Roosevelt III**

Mailing Address 404 Riverside Dr

City State Zip Code  
New York NY 10025-1861

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

Name of Employer Occupation  
Metropolitan College of New York college professor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNHWGCN0D76**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Franklin D Roosevelt III**

Mailing Address 404 Riverside Dr

City State Zip Code  
New York NY 10025-1861

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

Name of Employer Occupation  
Metropolitan College of New York college professor

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : VNHWGCN0D91**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Marjorie B Roswell**

Mailing Address 3443 Guilford Ter

City State Zip Code  
Baltimore MD 21218-2827

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

Name of Employer Occupation  
Roswell Infographics Web Developer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2014

**Transaction ID : VNHWGCR7BG5**

Amount of Each Receipt this Period  
100.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 294 Richard Ct

City Pomona State NY Zip Code 10970-2305

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

Name of Employer Retired Occupation Social worker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
204.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : VNHWGCKTSN2**

Amount of Each Receipt this Period  
10.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11165.33

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : VNHWGCKTSN2E**

Amount of Each Receipt this Period  
10.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**C.** Full Name (Last, First, Middle Initial)  
**Rochelle Rothbaum**

Mailing Address 294 Richard Ct

City Pomona State NY Zip Code 10970-2305

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

Name of Employer Retired Occupation Social worker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
204.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : VNHWGCKTSY3**

Amount of Each Receipt this Period  
30.00

\* Earmarked Contribution: See Below

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

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

40.00

**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 87 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation  
Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : VNHWGCKTSY3E**

Amount of Each Receipt this Period  
**30.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Rochelle Rothbaum**

Mailing Address **294 Richard Ct**

City **Pomona** State **NY** Zip Code **10970-2305**

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

Name of Employer Occupation  
Retired Social worker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**244.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 21 / 2014**

**Transaction ID : VNHWGCNYQ17**

Amount of Each Receipt this Period  
**10.00**

**C.** Full Name (Last, First, Middle Initial)  
**Rochelle Rothbaum**

Mailing Address **294 Richard Ct**

City **Pomona** State **NY** Zip Code **10970-2305**

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

Name of Employer Occupation  
Retired Social worker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**244.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 21 / 2014**

**Transaction ID : VNHWGCNYQ25**

Amount of Each Receipt this Period  
**30.00**

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

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

**40.00**

**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 88 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 294 Richard Ct

City Pomona State NY Zip Code 10970-2305

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

Name of Employer Retired Occupation Social worker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **284.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : VNHWGCR7E54**

Amount of Each Receipt this Period  
**10.00**

**B.** Full Name (Last, First, Middle Initial)  
**Rochelle Rothbaum**

Mailing Address 294 Richard Ct

City Pomona State NY Zip Code 10970-2305

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

Name of Employer Retired Occupation Social worker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **284.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : VNHWGCR7E70**

Amount of Each Receipt this Period  
**30.00**

**C.** Full Name (Last, First, Middle Initial)  
**George Rydberg**

Mailing Address 1013 6th Ave W

City Ashland State WI Zip Code 54806-3018

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **234.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : VNHWGCKTT09**

Amount of Each Receipt this Period  
**17.00**

\* Earmarked Contribution: See Below

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

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

**57.00**



**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 89 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : VNHWGCKTT09E**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **17.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**George Rydberg**

Mailing Address **1013 6th Ave W**

City **Ashland** State **WI** Zip Code **54806-3018**

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

Name of Employer \_\_\_\_\_ Occupation **Retired**

Retired **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **251.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 21 / 2014**

**Transaction ID : VNHWGCNYQ56**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **17.00**

**C.** Full Name (Last, First, Middle Initial)  
**George Rydberg**

Mailing Address **1013 6th Ave W**

City **Ashland** State **WI** Zip Code **54806-3018**

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

Name of Employer \_\_\_\_\_ Occupation **Retired**

Retired **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **268.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : VNHWGCR7EH9**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **17.00**

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

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

\_\_\_\_\_ **34.00**

\_\_\_\_\_

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

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

FOR LINE NUMBER: PAGE 90 OF 154  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Kevin F Schanning**

Mailing Address 12365 Scenic Dr

City Iron River State WI Zip Code 54847-4535

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

Name of Employer Northland College Occupation Professor of Sociology

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : VNHWGCR7F31**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Arlene Schaupp**

Mailing Address 2621 Greer Rd

City Palo Alto State CA Zip Code 94303-3730

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

Name of Employer Information Requested Occupation Apartment Management

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : VNHWGCRSAN4**

Amount of Each Receipt this Period  
**600.00**

**C.** Full Name (Last, First, Middle Initial)  
**Darlene Schnook**

Mailing Address S103W20992 Heather Ln

City Muskego State WI Zip Code 53150-9594

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

Name of Employer Muskego School District Occupation Teacher

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 13 / 2014**

**Transaction ID : VNHWGCQD0X9**

Amount of Each Receipt this Period  
**200.00**

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

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

**900.00**

**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 91 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address S83W19564 Apollo Dr

City Muskego State WI Zip Code 53150-7844

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

Name of Employer Disabled Veteran Occupation Disabled Veteran

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : VNHWGCQ9XZ5**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Patrick Henry Sebranek**

Mailing Address 2640 South Rd

City Burlington State WI Zip Code 53105-9009

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

Name of Employer Sebranek Inc. Occupation Writer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 28 / 2014

**Transaction ID : VNHWGCRKAW2**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Debra Shore**

Mailing Address 9232 Avers Ave

City Evanston State IL Zip Code 60203-1502

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

Name of Employer Metropolitan Water Reclamation Distric Occupation Commissioner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : VNHWGCMPPE7**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1750.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 29 Eucalyptus Rd

City Belvedere State CA Zip Code 94920-2435

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

Name of Employer Innovative Interfaces, Inc. Occupation Former Co-Founder and President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : VNHWGCQR3N8**

Amount of Each Receipt this Period  
 1000.00

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Stephen Silberstein**

Mailing Address 29 Eucalyptus Rd

City Belvedere State CA Zip Code 94920-2435

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

Name of Employer Innovative Interfaces, Inc. Occupation Former Co-Founder and President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 26 / 2014

**Transaction ID : VNHWGCRBC35**

Amount of Each Receipt this Period  
 1000.00

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Kajal Sitwala**

Mailing Address M304 Callaway Dr

City Marshfield State WI Zip Code 54449-8353

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

Name of Employer Marshfield Clinic Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : VNHWGCS4CJ0**

Amount of Each Receipt this Period  
 100.00

100.00

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

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

2100.00

**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 93 OF 154	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 1108 Vine St

City Hudson State WI Zip Code 54016

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

Name of Employer Sjoberg & Tebelius, P.A. Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **370.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 01 / 2014**

**Transaction ID : VNHWGCMY9Q8**

Amount of Each Receipt this Period  
**20.00**

**B.** Full Name (Last, First, Middle Initial)  
**Roy Sjoberg**

Mailing Address 1108 Vine St

City Hudson State WI Zip Code 54016

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

Name of Employer Sjoberg & Tebelius, P.A. Occupation attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **620.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : VNHWGCMFPC1**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Nicholas Smiar**

Mailing Address 320 Broadway St

City Eau Claire State WI Zip Code 54703-5561

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

Name of Employer University of Wisconsin-Eau Claire Occupation Professor Emeritus of Social Work

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **150.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : VNHWGCKVD59**

Amount of Each Receipt this Period  
**50.00**

\* Earmarked Contribution: See Below

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

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

**320.00**

**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 94 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 382110**

City **Cambridge** State **MA** Zip Code **02238-2110**

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer \_\_\_\_\_ Occupation **Conduit total listed in Agg. field**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **11165.33**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 16 / 2014**

**Transaction ID : VNHWGCKVD59E**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **50.00**

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

**B.** Full Name (Last, First, Middle Initial)  
**Nicholas Smiar**

Mailing Address **320 Broadway St**

City **Eau Claire** State **WI** Zip Code **54703-5561**

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

Name of Employer **University of Wisconsin-Eau Claire** Occupation **Professor Emeritus of Social Work**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 08 / 2014**

**Transaction ID : VNHWGCPX8R1**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **100.00**

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

Mailing Address **27200 145th St**

City **New Auburn** State **WI** Zip Code **54757-5292**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2014  
 Primary  General  
 Other (specify) \_\_\_\_\_

Election Cycle-to-Date **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : VNHWGCQQ3M2**

Amount of Each Receipt this Period  
 \_\_\_\_\_ **25.00**

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

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

\_\_\_\_\_ **125.00**

\_\_\_\_\_

**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 95 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 27200 145th St

City State Zip Code  
New Auburn WI 54757-5292

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

Name of Employer Occupation  
retired retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCS59Z5**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Snow**

Mailing Address 3929 N Farwell Ave

City State Zip Code  
Shorewood WI 53211-2412

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

Name of Employer Occupation  
Marquette University Professor of Philosophy

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : VNHWGCR7D02**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Mary Lang Sollinger**

Mailing Address 1206 Sherman Ave

City State Zip Code  
Madison WI 53703-1722

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

Name of Employer Occupation  
None Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCS4ZQ1**

Amount of Each Receipt this Period  
500.00

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

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

1525.00

**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 96 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 15865 Guard St  
Apt 108

City Hayward State WI Zip Code 54843-5176

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

Name of Employer Hayward Area Memorial Hospital Occupation Nursing assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 18 / 2014

**Transaction ID : VNHWGNC6CV9**

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
**Scott Somerville**

Mailing Address 15865 Guard St  
Apt 108

City Hayward State WI Zip Code 54843-5176

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

Name of Employer Hayward Area Memorial Hospital Occupation Nursing assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 29 / 2014

**Transaction ID : VNHWGCS4JT6**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Sorensen**

Mailing Address 32250 Oak Rd

City Washburn State WI Zip Code 54891-6849

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

Name of Employer O. Sorensen Occupation mental health tech

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : VNHWGCMPEB0**

Amount of Each Receipt this Period  
100.00

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

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

200.00



**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 97 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 32250 Oak Rd

City Washburn State WI Zip Code 54891-6849

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

Name of Employer O. Sorensen Occupation mental health tech

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 13 / 2014**

**Transaction ID : VNHWGCQD4Y3**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Sorensen**

Mailing Address 32250 Oak Rd

City Washburn State WI Zip Code 54891-6849

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

Name of Employer O. Sorensen Occupation mental health tech

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **325.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : VNHWGCS4WH7**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**Andrea Steele**

Mailing Address 513 Simonds Loop  
# A

City San Francisco State CA Zip Code 94129-1787

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 27 / 2014**

**Transaction ID : VNHWGCS4CW9**

Amount of Each Receipt this Period  
**250.00**

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

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

**375.00**

**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 98 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 2576 Huntington Way N

City Suamico State WI Zip Code 54173-8081

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

Name of Employer none Occupation none

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 12 / 2014

**Transaction ID : VNHWGCQ9A91**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1507 N Shawano Dr

City Marshfield State WI Zip Code 54449-1351

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

Name of Employer Retired Occupation Ophthalmologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : VNHWGCKV6K5**

Amount of Each Receipt this Period  
75.00

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
11165.33

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 01 / 2014

**Transaction ID : VNHWGCKV6K5E**

Amount of Each Receipt this Period  
75.00

**[MEMO ITEM]**  
 Note: Above Contribution earmarked through this organization.

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

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

325.00

**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 99 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 1507 N Shawano Dr

City Marshfield State WI Zip Code 54449-1351

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

Name of Employer Retired Occupation Ophthalmologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 18 / 2014**

**Transaction ID : VNHWGCQQQ07**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Linda Thompson**

Mailing Address 2468 18 1/2 St

City Rice Lake State WI Zip Code 54868-9108

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : VNHWGCQVGH8**

Amount of Each Receipt this Period  
**20.00**

**C.** Full Name (Last, First, Middle Initial)  
**Morgan J Tilleman**

Mailing Address 524 S 2nd St  
FI 3

City Milwaukee State WI Zip Code 53204-1660

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

Name of Employer Foley & Lardner, LLP Occupation Attorney (Associate)

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : VNHWGCNT7B1**

Amount of Each Receipt this Period  
**250.00**

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

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

**370.00**

**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 100 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 2450 River Bend Rd

City Plover State WI Zip Code 54467-2728

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 03 / 2014**

**Transaction ID : VNHWGCJYCJ0**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gerald Ugland**

Mailing Address 2450 River Bend Rd

City Plover State WI Zip Code 54467-2728

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

Name of Employer N/A Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 21 / 2014**

**Transaction ID : VNHWGCQYCP2**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Lynde B Uihlein**

Mailing Address 1122 N Astor St

City Milwaukee State WI Zip Code 53202-3327

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

Name of Employer Brico Fund-Founder Occupation Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : VNHWGC SFHT2**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 12215 W Diane Dr

City State Zip Code  
Wauwatosa WI 53226-3356

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 27 / 2014

**Transaction ID : VNHWGCRFCJ4**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**Gerald Viebrock**

Mailing Address 513 Gerald St

City State Zip Code  
Osceola WI 54020-8131

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

Name of Employer Occupation  
not employed not employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
260.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 18 / 2014

**Transaction ID : VNHWGCPVJ1**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
**Donna J Vobornik**

Mailing Address 333 Elizabeth Trail

City State Zip Code  
Chicago IL 60607-1119

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

Name of Employer Occupation  
Dentons Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : VNHWGCRBAK6**

Amount of Each Receipt this Period  
300.00

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

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

550.00

**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 102 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>William &amp; Dorothy Volkman</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2014	
Mailing Address N7349 State Highway 27		<b>Transaction ID : VNHWGCQPX27</b>	
City Ladysmith	State WI	Zip Code 54848-9616	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>William Volkman</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2014	
Mailing Address N7349 State Rd 27		<b>Transaction ID : VNHWGCS4DC5</b>	
City Ladysmith	State WI	Zip Code 54848	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Not Employed	Occupation Not Employed		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>James Wahner</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 28 / 2014	
Mailing Address PO Box 16		<b>Transaction ID : VNHWGCS4EG0</b>	
City Mercer	State WI	Zip Code 54547-0016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Wahner Professional Services	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

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

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

FOR LINE NUMBER: PAGE 103 OF 154  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

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

Mailing Address 1200 N Center Ave

City State Zip Code  
Merrill WI 54452-1250

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : VNHWGCQC3V3**

Amount of Each Receipt this Period  
200.00

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

Mailing Address T10225 N 73rd St

City State Zip Code  
Wausau WI 54403-9430

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

Name of Employer Occupation  
Marshfield Clinic Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 13 / 2014

**Transaction ID : VNHWGCQQ0F6**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Gwen Westlund**

Mailing Address PO Box 125

City State Zip Code  
Weyerhaeuser WI 54895-0125

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

Name of Employer Occupation  
CESA 10 physical Therapist

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
477.71

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : VNHWGCHQJN8**

Amount of Each Receipt this Period  
25.00

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

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

375.00

**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 104 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

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

Mailing Address **PO Box 125**

City **Weyerhaeuser** State **WI** Zip Code **54895-0125**

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

Name of Employer **CESA 10** Occupation **physical Therapist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **502.71**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 03 / 2014**

**Transaction ID : VNHWGCMB2Q4**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gwen Westlund**

Mailing Address **PO Box 125**

City **Weyerhaeuser** State **WI** Zip Code **54895-0125**

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

Name of Employer **CESA 10** Occupation **physical Therapist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **527.71**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 03 / 2014**

**Transaction ID : VNHWGCPENA9**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**Gwen Westlund**

Mailing Address **PO Box 125**

City **Weyerhaeuser** State **WI** Zip Code **54895-0125**

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

Name of Employer **CESA 10** Occupation **physical Therapist**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **552.71**

Date of Receipt  
 M M / D D / Y Y Y Y  
**06 / 30 / 2014**

**Transaction ID : VNHWGCS4YV1**

Amount of Each Receipt this Period  
**25.00**

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

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

**75.00**



**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 105 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>Ruth Wright</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2014
Mailing Address 1440 High St		<b>Transaction ID : VNHWGCRPMQ5</b>
City Boulder	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>Sophia Yen MD</b>		Date of Receipt MM / DD / YYYY 05 / 20 / 2014
Mailing Address 411 Los Ninos Way		<b>Transaction ID : VNHWGCQ39H6</b>
City Los Altos	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.88
Name of Employer self	Occupation pediatrician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 503.88	

Full Name (Last, First, Middle Initial) <b>Sophia Yen MD</b>		Date of Receipt MM / DD / YYYY 06 / 04 / 2014
Mailing Address 411 Los Ninos Way		<b>Transaction ID : VNHWGCQ574</b>
City Los Altos	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 7.69
Name of Employer self	Occupation pediatrician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 511.57	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	758.57
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 106 OF 154	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Ann E Ziegler**

Mailing Address 1325 N Astor St

City Chicago State IL Zip Code 60610-2343

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2014

**Transaction ID : VNHWGCRBA30**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dixie Zietlow**

Mailing Address 5231 Balsam Ln S

City Eagle River State WI Zip Code 54521-9709

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

Name of Employer Information Requested Occupation Information Requested  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCS5RJ4**

Amount of Each Receipt this Period  
 50.00

**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 Information Requested Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / 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).....

1050.00

71131.58

# 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 107 OF 154		
<input type="checkbox"/> 11a 12	<input checked="" 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)  
**Kelly Westlund for Wisconsin**

A. Full Name (Last, First, Middle Initial)  
**7TH CONGRESSIONAL DISTRICT DEMOCRATIC PARTY OF WISCONSIN**

Mailing Address **2450 River Bend Rd**

City	State	Zip Code
<b>Plover</b>	<b>WI</b>	<b>54467-2728</b>

FEC ID number of contributing federal political committee. **C C00368159**

Name of Employer	Occupation

Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <b>350.00</b>
---	---

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2014**

Transaction ID : **VNHWGCPAHG5**

Amount of Each Receipt this Period  
**350.00**

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date

Date of Receipt  
M M / 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

**350.00**

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

**350.00**

**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 108 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Committee to Elect Lori Compas**

Mailing Address 326 Garfield St

City Fort Atkinson State WI Zip Code 53538-1409

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2014

**Transaction ID : VNHWGCJ9167**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL EDUCATION ASSOCIATION PAC**

Mailing Address 1201 16th St NW

City Washington State DC Zip Code 20036-3201

FEC ID number of contributing federal political committee. **C** C70000492

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014

**Transaction ID : VNHWGCQWTJ6**

Amount of Each Receipt this Period  
 4000.00

**C.** Full Name (Last, First, Middle Initial)  
**Off the Sidelines PAC**

Mailing Address 124 Washington St Ste 101

City Foxboro State MA Zip Code 02035-1368

FEC ID number of contributing federal political committee. **C** C00525600

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCRPN56**

Amount of Each Receipt this Period  
 5000.00

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

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

9500.00

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

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

FOR LINE NUMBER: PAGE 109 OF 154  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

**A.** Full Name (Last, First, Middle Initial)  
**Off the Sidelines PAC**

Mailing Address 124 Washington St  
Ste 101

City Foxboro State MA Zip Code 02035-1368

FEC ID number of contributing federal political committee. **C** C00525600

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2014

**Transaction ID : VNHWGCRPNB3**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
**Progressive Change Campaign Committee PAC**

Mailing Address PO Box 73395

City Washington State DC Zip Code 20056-3395

FEC ID number of contributing federal political committee. **C** C00458000

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1415.27

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : VNHWGCNVKT2**

Amount of Each Receipt this Period  
653.16

\* In-Kind: PCCC Staff Support

**C.** Full Name (Last, First, Middle Initial)  
**STUDENTS FOR A NEW AMERICAN POLITICS PAC**

Mailing Address PO Box 206886

City New Haven State CT Zip Code 06520-6886

FEC ID number of contributing federal political committee. **C** C00412122

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2014

**Transaction ID : VNHWGCRNCT2**

Amount of Each Receipt this Period  
3000.00

\* In-Kind: Payment of two field fellows

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

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

8653.16

**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 110 OF 154
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Susan Sommer Senate</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 189		<b>Transaction ID : VNHWGCMG03</b>
City Eagle River	State WI	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1587.73
Name of Employer	Occupation	Contribution contains only federally permissible funds.
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1587.73	

Full Name (Last, First, Middle Initial) <b>B. WOMEN'S CAMPAIGN FORUM</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 31 / 2014
Mailing Address 1900 L St NW Ste 500		<b>Transaction ID : VNHWGCPAFZ0</b>
City Washington	State DC	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address		
City	State	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2587.73
<b>TOTAL</b> This Period (last page this line number only).....	20740.89

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 111 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Hafeezah Abdullah</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 01 / 2014</b>
Mailing Address <b>PO Box 1013</b>		Amount of Each Disbursement this Period <b>1049.56</b>
City <b>Ashland</b>	State <b>WI</b>	
Zip Code <b>54806-0970</b>	Purpose of Disbursement <b>Payroll</b>	<b>Transaction ID : VNGX89S0VZ1</b>
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hafeezah Abdullah</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 03 / 2014</b>
Mailing Address <b>PO Box 1013</b>		Amount of Each Disbursement this Period <b>1414.32</b>
City <b>Ashland</b>	State <b>WI</b>	
Zip Code <b>54806-0970</b>	Purpose of Disbursement <b>Reimbursement of Expenses</b>	<b>Transaction ID : VNGX89S0W09</b>
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hafeezah Abdullah</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2014</b>
Mailing Address <b>PO Box 1013</b>		Amount of Each Disbursement this Period <b>1119.89</b>
City <b>Ashland</b>	State <b>WI</b>	
Zip Code <b>54806-0970</b>	Purpose of Disbursement <b>Payroll</b>	<b>Transaction ID : VNGX89S0W17</b>
Candidate Name	Category/ Type <b>001</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3583.77</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 112 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Hafeezah Abdullah</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 30 / 2014</b>
Mailing Address <b>PO Box 1013</b>		Amount of Each Disbursement this Period <b>1119.89</b> <b>Transaction ID : VNGX89S8NY3</b>
City <b>Ashland</b> State <b>WI</b> Zip Code <b>54806-0970</b>	Purpose of Disbursement <b>Payroll</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hafeezah Abdullah</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 07 / 2014</b>
Mailing Address <b>PO Box 1013</b>		Amount of Each Disbursement this Period <b>810.38</b> <b>Transaction ID : VNGX89S8P17</b>
City <b>Ashland</b> State <b>WI</b> Zip Code <b>54806-0970</b>	Purpose of Disbursement <b>Travel Reimbursement</b> Category/Type <b>002</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hafeezah Abdullah</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 15 / 2014</b>
Mailing Address <b>PO Box 1013</b>		Amount of Each Disbursement this Period <b>1283.83</b> <b>Transaction ID : VNGX89S8NZ1</b>
City <b>Ashland</b> State <b>WI</b> Zip Code <b>54806-0970</b>	Purpose of Disbursement <b>Payroll</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3214.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Hafeezah Abdullah</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address PO Box 1013		Amount of Each Disbursement this Period 1283.84 <b>Transaction ID : VNGX89S8P09</b>
City Ashland State WI Zip Code 54806-0970	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Hafeezah Abdullah</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address PO Box 1013		Amount of Each Disbursement this Period 1283.83 <b>Transaction ID : VNGX89SCR88</b>
City Ashland State WI Zip Code 54806-0970	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Amazon.com, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 1200 12th Ave S Ste 1200		Amount of Each Disbursement this Period 47.36 <b>Transaction ID : VNGX89S0VQ8</b>
City Seattle State WA Zip Code 98144-2734	Purpose of Disbursement Office Supplies Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2615.03
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 154			
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Amazon.com, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 1200 12th Ave S Ste 1200		Amount of Each Disbursement this Period 184.34
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	<b>Transaction ID : VNGX89S0VR6</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon.com, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1200 12th Ave S Ste 1200		Amount of Each Disbursement this Period 115.00
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	<b>Transaction ID : VNGX89S0VS4</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amazon.com, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 1200 12th Ave S Ste 1200		Amount of Each Disbursement this Period 21.83
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	<b>Transaction ID : VNGX89S0VT2</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	321.17
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Amazon.com, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 1200 12th Ave S Ste 1200		Amount of Each Disbursement this Period 36.95
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	<b>Transaction ID : VNGX89S1CH5</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Amazon.com, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1200 12th Ave S Ste 1200		Amount of Each Disbursement this Period 248.50
City Seattle	State WA	
Zip Code 98144-2734	Purpose of Disbursement Office Supplies	<b>Transaction ID : VNGX89S8DX7</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Andrukitis Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 8325 Old Marlboro Pike		Amount of Each Disbursement this Period 103.11
City Upper Marlboro	State MD	
Zip Code 20772-2617	Purpose of Disbursement Printing (Field)	<b>Transaction ID : VNGX89S8E01</b>
Candidate Name	006 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	388.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Apple Store #R007</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 24 / 2014</b>
Mailing Address <b>132 S Avenue</b>		Amount of Each Disbursement this Period <b>527.03</b> <b>Transaction ID : VNGX89S8E26</b>
City <b>Bloomington</b> State <b>MN</b> Zip Code <b>55425-5525</b>	Purpose of Disbursement <b>Office Equipment</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 02 / 2014</b>
Mailing Address <b>PO Box 6416</b>		Amount of Each Disbursement this Period <b>53.13</b> <b>Transaction ID : VNGX89S0WQ9</b>
City <b>Carol Stream</b> State <b>IL</b> Zip Code <b>60197-6416</b>	Purpose of Disbursement <b>Mobile Phones</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 02 / 2014</b>
Mailing Address <b>PO Box 6416</b>		Amount of Each Disbursement this Period <b>53.13</b> <b>Transaction ID : VNGX89S8WD4</b>
City <b>Carol Stream</b> State <b>IL</b> Zip Code <b>60197-6416</b>	Purpose of Disbursement <b>Mobile Phones</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>633.29</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 154			
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 53.13
City Carol Stream	State IL	
Zip Code 60197-6416	Purpose of Disbursement Mobile Phones	<b>Transaction ID : VNGX89S8WE2</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 26.76
City Carol Stream	State IL	
Zip Code 60197-6416	Purpose of Disbursement Mobile Phones	<b>Transaction ID : VNGX89S8WF0</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address PO Box 6416		Amount of Each Disbursement this Period 53.13
City Carol Stream	State IL	
Zip Code 60197-6416	Purpose of Disbursement Mobile Phones	<b>Transaction ID : VNGX89S8WG8</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	133.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 118 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Auto-Owners Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 18 / 2014</b>
Mailing Address <b>6101 Anacapri Blvd</b>		Amount of Each Disbursement this Period <b>265.00</b> <b>Transaction ID : VNGX89S8E42</b>
City <b>Lansing</b> State <b>MI</b> Zip Code <b>48917-3968</b>	Purpose of Disbursement <b>Auto Insurance</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Bankcard Merchant Fees</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 02 / 2014</b>
Mailing Address <b>N1866 Greenwood Rd</b>		Amount of Each Disbursement this Period <b>739.84</b> <b>Transaction ID : VNGX89S0VV9</b>
City <b>Greenville</b> State <b>WI</b> Zip Code <b>54942-9093</b>	Purpose of Disbursement <b>Credit Card Processing Fees</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Bankcard Merchant Fees</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 02 / 2014</b>
Mailing Address <b>N1866 Greenwood Rd</b>		Amount of Each Disbursement this Period <b>229.99</b> <b>Transaction ID : VNGX89S8E84</b>
City <b>Greenville</b> State <b>WI</b> Zip Code <b>54942-9093</b>	Purpose of Disbursement <b>Credit Card Processing Fee</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1234.83</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 119 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Bankcard Merchant Fees</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address N1866 Greenwood Rd		Amount of Each Disbursement this Period 317.11
City Greenville	State WI Zip Code 54942-9093	
Purpose of Disbursement Credit Card Processing Fee	Category/Type 001	Transaction ID : VNGX89S8E92
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CFO Compliance LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 1 Park Row Ste 5		Amount of Each Disbursement this Period 1201.47
City Providence	State RI Zip Code 02903-1235	
Purpose of Disbursement Consulting (Compliance)	Category/Type 001	Transaction ID : VNGX89S1CQ2
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Charter Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 12405 Powerscourt Dr		Amount of Each Disbursement this Period 573.33
City Saint Louis	State MO Zip Code 63131-3673	
Purpose of Disbursement Internet/Cable Service	Category/Type 001	Transaction ID : VNGX89S8ES8
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2091.91
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 154			
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Dino Corvino</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 5016 Chadwick St		Amount of Each Disbursement this Period 380.00
City Schofield	State WI	
Zip Code 54476-3057	Purpose of Disbursement Office Rent	Transaction ID : VNGX89S0VY3
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Dino Corvino</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2014
Mailing Address 5016 Chadwick St		Amount of Each Disbursement this Period 130.00
City Schofield	State WI	
Zip Code 54476-3057	Purpose of Disbursement Office Rent	Transaction ID : VNGX89S8N14
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Dino Corvino</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 5016 Chadwick St		Amount of Each Disbursement this Period 380.00
City Schofield	State WI	
Zip Code 54476-3057	Purpose of Disbursement Office Rent	Transaction ID : VNGX89S8N22
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	890.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 121 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 23 / 2014</b>
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period <b>144.00</b>
City Atlanta State GA Zip Code 30354-1989	Purpose of Disbursement Travel (Air) <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : VNGX89S1CM9</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 23 / 2014</b>
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period <b>144.00</b>
City Atlanta State GA Zip Code 30354-1989	Purpose of Disbursement Travel (Air) <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : VNGX89S1CN7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 12 / 2014</b>
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period <b>168.00</b>
City Atlanta State GA Zip Code 30354-1989	Purpose of Disbursement Travel (Air) <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : VNGX89S8MV7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>456.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 122 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Delta Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1030 Delta Blvd		Amount of Each Disbursement this Period 168.00
City Atlanta	State GA Zip Code 30354-1989	
Purpose of Disbursement Travel (Air)	Category/Type 002	<b>Transaction ID : VNGX89S8MW5</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Federal City Caterers</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 1119 12th St NW		Amount of Each Disbursement this Period 1000.00
City Washington	State DC Zip Code 20005-4632	
Purpose of Disbursement Caterer for Fundraising Event	Category/Type 003	<b>Transaction ID : VNGX89S8NE7</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bob Fertik</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO Box 1452		Amount of Each Disbursement this Period 2036.00
City New York	State NY Zip Code 10276-1452	
Purpose of Disbursement In-district Email List	Category/Type	<b>Transaction ID : VNHWGCRSES3I</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3204.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 123 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Joe Florio</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address <b>33246 N Lake Shore Dr</b>		Amount of Each Disbursement this Period <b>460.65</b> <b>Transaction ID : VNGX89S8P82</b>
City <b>Grayslake</b> State <b>IL</b> Zip Code <b>60030-1723</b>	Purpose of Disbursement <b>Payroll</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Joe Florio</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2014</b>
Mailing Address <b>33246 N Lake Shore Dr</b>		Amount of Each Disbursement this Period <b>287.00</b> <b>Transaction ID : VNGX89S8P90</b>
City <b>Grayslake</b> State <b>IL</b> Zip Code <b>60030-1723</b>	Purpose of Disbursement <b>Reimbursement</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Joe Florio</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 12 / 2014</b>
Mailing Address <b>33246 N Lake Shore Dr</b>		Amount of Each Disbursement this Period <b>1075.30</b> <b>Transaction ID : VNGX89SCR62</b>
City <b>Grayslake</b> State <b>IL</b> Zip Code <b>60030-1723</b>	Purpose of Disbursement <b>Payroll</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1822.95</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 124 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Glacier Canyon Lodge</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 29 / 2014</b>
Mailing Address <b>45 Hillman Rd</b>		Amount of Each Disbursement this Period <b>264.99</b> <b>Transaction ID : VNGX89S8NM4</b>
City <b>Baraboo</b>	State <b>WI</b>	
Zip Code <b>53913</b>	Purpose of Disbursement <b>Travel (Hotel)</b>	Category/ Type <b>002</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Glacier Canyon Lodge</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 29 / 2014</b>
Mailing Address <b>45 Hillman Rd</b>		Amount of Each Disbursement this Period <b>264.99</b> <b>Transaction ID : VNGX89S8NP0</b>
City <b>Baraboo</b>	State <b>WI</b>	
Zip Code <b>53913</b>	Purpose of Disbursement <b>Travel (Hotel)</b>	Category/ Type <b>002</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Glacier Canyon Lodge</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 09 / 2014</b>
Mailing Address <b>45 Hillman Rd</b>		Amount of Each Disbursement this Period <b>241.51</b> <b>Transaction ID : VNGX89S8NQ8</b>
City <b>Baraboo</b>	State <b>WI</b>	
Zip Code <b>53913</b>	Purpose of Disbursement <b>Travel (Hotel)</b>	Category/ Type <b>002</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2014</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>771.49</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 125 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Glacier Canyon Lodge</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 45 Hillman Rd		Amount of Each Disbursement this Period 241.51
City Baraboo	State WI Zip Code 53913	
Purpose of Disbursement Travel (Hotel)	Category/Type 002	<b>Transaction ID : VNGX89S8NR6</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jonathan Hamilton</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 6100 Lauste Rd		Amount of Each Disbursement this Period 1050.00
City Iron River	State WI Zip Code 54847-5766	
Purpose of Disbursement Fundraising Space and Beverages	Category/Type	<b>Transaction ID : VNHWGCREF281</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Haley Hoffman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 1411 Ellis Ave # 609		Amount of Each Disbursement this Period 250.00
City Ashland	State WI Zip Code 54806-3925	
Purpose of Disbursement Payroll	Category/Type 001	<b>Transaction ID : VNGX89SFV10</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1541.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 126 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Haley Hoffman</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 1411 Ellis Ave # 609		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : VNGX89SFV02</b>
City Ashland State WI Zip Code 54806-3925	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jet Blue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 2701 Queens Plz N Fl 6		Amount of Each Disbursement this Period 330.00 <b>Transaction ID : VNGX89S8P66</b>
City Long Island City State NY Zip Code 11101-4024	Purpose of Disbursement Travel (Air) Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Jet Blue</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 2701 Queens Plz N Fl 6		Amount of Each Disbursement this Period 330.00 <b>Transaction ID : VNGX89S8P74</b>
City Long Island City State NY Zip Code 11101-4024	Purpose of Disbursement Travel (Air) Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	910.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 154			
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Macy's</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1000 S Hayes St Fashion Centre at Pentagon City		Amount of Each Disbursement this Period 332.29
City Arlington	State VA	
Zip Code 22202-4901	Purpose of Disbursement Fundraising Event Expense	<b>Transaction ID : VNGX89S8Q59</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MDP Properties, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 704 Woodard Ave		Amount of Each Disbursement this Period 750.00
City Tomah	State WI	
Zip Code 54660-2030	Purpose of Disbursement Office Rent	<b>Transaction ID : VNGX89S0W74</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. MDP Properties, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 704 Woodard Ave		Amount of Each Disbursement this Period 750.00
City Tomah	State WI	
Zip Code 54660-2030	Purpose of Disbursement Office Rent	<b>Transaction ID : VNGX89S8QA9</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1832.29
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 154			
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. MDP Properties, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 31 / 2014</b>
Mailing Address <b>704 Woodard Ave</b>		Amount of Each Disbursement this Period <b>750.00</b> Transaction ID : <b>VNGX89S8QB7</b>
City <b>Tomah</b> State <b>WI</b> Zip Code <b>54660-2030</b>	Purpose of Disbursement <b>Office Rent</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Northern Business Products</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 17 / 2014</b>
Mailing Address <b>2326 W Superior St</b>		Amount of Each Disbursement this Period <b>12.12</b> Transaction ID : <b>VNGX89S0W90</b>
City <b>Duluth</b> State <b>MN</b> Zip Code <b>55806-1932</b>	Purpose of Disbursement <b>Office Supplies</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Northern Business Products</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 24 / 2014</b>
Mailing Address <b>2326 W Superior St</b>		Amount of Each Disbursement this Period <b>13.73</b> Transaction ID : <b>VNGX89S8QY7</b>
City <b>Duluth</b> State <b>MN</b> Zip Code <b>55806-1932</b>	Purpose of Disbursement <b>Office Supplies</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>775.85</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 154			
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Northern Business Products</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 2326 W Superior St		Amount of Each Disbursement this Period 30.44
City Duluth	State MN	
Zip Code 55806-1932	Purpose of Disbursement Office Supplies	Transaction ID : VNGX89S8QZ5
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Northern Business Products</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2326 W Superior St		Amount of Each Disbursement this Period 48.37
City Duluth	State MN	
Zip Code 55806-1932	Purpose of Disbursement Office Supplies	Transaction ID : VNGX89SCQV5
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 501 Wampanoag Trl		Amount of Each Disbursement this Period 1820.95
City Riverside	State RI	
Zip Code 02915-1507	Purpose of Disbursement Payroll Taxes	Transaction ID : VNGX89S0WD2
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1899.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 130 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 02 / 2014</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>106.20</b>
City <b>Riverside</b> State <b>RI</b> Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Payroll Service Fee</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89S0WE0</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 16 / 2014</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>2895.07</b>
City <b>Riverside</b> State <b>RI</b> Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Payroll Taxes</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89S0WF7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 16 / 2014</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>62.70</b>
City <b>Riverside</b> State <b>RI</b> Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Payroll Service Fee</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89S0WG5</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3063.97</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 131 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 01 / 2014</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>56.20</b>
City <b>Riverside</b> State <b>RI</b> Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Payroll Processing Fee</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89S8S05</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 01 / 2014</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>1232.94</b>
City <b>Riverside</b> State <b>RI</b> Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Payroll Taxes</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89S8Y70</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>1873.39</b>
City <b>Riverside</b> State <b>RI</b> Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Payroll Taxes</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89S8S21</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3162.53</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 132 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 16 / 2014</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>123.20</b>
City <b>Riverside</b> State <b>RI</b> Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Payroll Processing Fee</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89S8S39</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 30 / 2014</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>2076.96</b>
City <b>Riverside</b> State <b>RI</b> Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Payroll Taxes</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89S8S55</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 02 / 2014</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>123.20</b>
City <b>Riverside</b> State <b>RI</b> Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Payroll Processing Fee</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89S8S63</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2323.36</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 133 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 13 / 2014</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>121.60</b>
City <b>Riverside</b> State <b>RI</b> Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Payroll Processing Fee</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89SCQZ7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 13 / 2014</b>
Mailing Address <b>501 Wampanoag Trl</b>		Amount of Each Disbursement this Period <b>2337.39</b>
City <b>Riverside</b> State <b>RI</b> Zip Code <b>02915-1507</b>	Purpose of Disbursement <b>Payroll Taxes</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89SCRC0</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. People for the American Way</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2014</b>
Mailing Address <b>1101 15th St NW Ste 600</b>		Amount of Each Disbursement this Period <b>100.00</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20005-5023</b>	Purpose of Disbursement <b>Donation</b> Category/Type <b>012</b>	
Candidate Name		<b>Transaction ID : VNGX89S0WH3</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2558.99</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 154			
	<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)  
**Kelly Westlund for Wisconsin**

**A. People for the American Way**

Full Name (Last, First, Middle Initial)  
Mailing Address 1101 15th St NW  
Ste 600

City Washington State DC Zip Code 20005-5023

Purpose of Disbursement Donation

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 16 / 2014

Amount of Each Disbursement this Period  
100.00

Transaction ID : VNGX89S8SB2

Category/Type: 012

**B. Brian Pospeck**

Full Name (Last, First, Middle Initial)  
Mailing Address 609 13th Ave E

City Ashland State WI Zip Code 54806

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 16 / 2014

Amount of Each Disbursement this Period  
250.00

Transaction ID : VNGX89SFTX8

Category/Type: 001

**c. Brian Pospeck**

Full Name (Last, First, Middle Initial)  
Mailing Address 609 13th Ave E

City Ashland State WI Zip Code 54806

Purpose of Disbursement Payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 29 / 2014

Amount of Each Disbursement this Period  
250.00

Transaction ID : VNGX89SFTY6

Category/Type: 001

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 135 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Brian Pospeck</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 609 13th Ave E		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : VNGX89SFV28</b>
City Ashland State WI Zip Code 54806	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Brian Pospeck</b>		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 609 13th Ave E		Amount of Each Disbursement this Period 8.43 <b>Transaction ID : VNGX89SFV36</b>
City Ashland State WI Zip Code 54806	Purpose of Disbursement Expense Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Priceline</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address 800 Connecticut Ave		Amount of Each Disbursement this Period 34.00 <b>Transaction ID : VNGX89S8SJ8</b>
City Norwalk State CT Zip Code 06854	Purpose of Disbursement Travel Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	292.43
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 136 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Priceline</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 14 / 2014</b>
Mailing Address <b>800 Connecticut Ave</b>		Amount of Each Disbursement this Period <b>167.15</b>
City <b>Norwalk</b>	State <b>CT</b>	
Zip Code <b>06854</b>	Purpose of Disbursement <b>Travel</b>	<b>Transaction ID : VNGX89S8SK5</b>
Candidate Name	<b>002</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Priceline</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 19 / 2014</b>
Mailing Address <b>800 Connecticut Ave</b>		Amount of Each Disbursement this Period <b>63.79</b>
City <b>Norwalk</b>	State <b>CT</b>	
Zip Code <b>06854</b>	Purpose of Disbursement <b>Travel</b>	<b>Transaction ID : VNGX89S8SN1</b>
Candidate Name	<b>002</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Progressive Change Campaign Committee PAC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 08 / 2014</b>
Mailing Address <b>PO Box 73395</b>		Amount of Each Disbursement this Period <b>653.16</b>
City <b>Washington</b>	State <b>DC</b>	
Zip Code <b>20056-3395</b>	Purpose of Disbursement <b>PCCC Staff Support</b>	<b>Transaction ID : VNHWCNVKT2I</b>
Candidate Name <b>Progressive Change Campaign Committee PAC</b>	<b>002</b> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>* In-Kind Received</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>884.10</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 137 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Radio Shack - Ashland</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 316 Main St E		Amount of Each Disbursement this Period 353.41 <b>Transaction ID : VNGX89SCR21</b>
City Ashland State WI Zip Code 54806-1726	Purpose of Disbursement Office Equipment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Radio Shack - Ashland</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 316 Main St E		Amount of Each Disbursement this Period 179.34 <b>Transaction ID : VNGX89SCR05</b>
City Ashland State WI Zip Code 54806-1726	Purpose of Disbursement Office Equipment Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Kaeleen Ringberg</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 314 14th Ave W		Amount of Each Disbursement this Period 1736.29 <b>Transaction ID : VNGX89S0W25</b>
City Ashland State WI Zip Code 54806-1234	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2269.04
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 138 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Kaeleen Ringberg</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 314 14th Ave W		Amount of Each Disbursement this Period 1736.29 <b>Transaction ID : VNGX89S0W33</b>
City Ashland State WI Zip Code 54806-1234	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Kaeleen Ringberg</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 314 14th Ave W		Amount of Each Disbursement this Period 799.50 <b>Transaction ID : VNGX89S8PA8</b>
City Ashland State WI Zip Code 54806-1234	Purpose of Disbursement Mileage Reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Kaeleen Ringberg</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 314 14th Ave W		Amount of Each Disbursement this Period 1736.29 <b>Transaction ID : VNGX89S8PB6</b>
City Ashland State WI Zip Code 54806-1234	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4272.08
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 154			
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Kaeleen Ringberg</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 314 14th Ave W		Amount of Each Disbursement this Period 1736.29 <b>Transaction ID : VNGX89S8PC4</b>
City Ashland State WI Zip Code 54806-1234	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Kaeleen Ringberg</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 314 14th Ave W		Amount of Each Disbursement this Period 1736.29 <b>Transaction ID : VNGX89S8PP1</b>
City Ashland State WI Zip Code 54806-1234	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Kaeleen Ringberg</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 314 14th Ave W		Amount of Each Disbursement this Period 489.36 <b>Transaction ID : VNGX89SFV44</b>
City Ashland State WI Zip Code 54806-1234	Purpose of Disbursement Gasoline Reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3961.94
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 140 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Kaeleen Ringberg</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 12 / 2014</b>
Mailing Address <b>314 14th Ave W</b>		Amount of Each Disbursement this Period <b>1736.29</b>
City <b>Ashland</b> State <b>WI</b> Zip Code <b>54806-1234</b>	Purpose of Disbursement <b>Payroll</b> Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VNGX89SCRA4</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SLS Hotel at Beverly Hills</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 15 / 2014</b>
Mailing Address <b>465 S La Cienega Blvd</b>		Amount of Each Disbursement this Period <b>43.97</b>
City <b>Los Angeles</b> State <b>CA</b> Zip Code <b>90048-4001</b>	Purpose of Disbursement <b>Travel (Hotel)</b> Category/Type <b>002</b>	
Candidate Name		<b>Transaction ID : VNGX89S8TC1</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. SLS Hotel at Beverly Hills</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 15 / 2014</b>
Mailing Address <b>465 S La Cienega Blvd</b>		Amount of Each Disbursement this Period <b>260.52</b>
City <b>Los Angeles</b> State <b>CA</b> Zip Code <b>90048-4001</b>	Purpose of Disbursement <b>Travel (Hotel)</b> Category/Type <b>002</b>	
Candidate Name		<b>Transaction ID : VNGX89S8TD9</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2040.78</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 141 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial)  
**A. STUDENTS FOR A NEW AMERICAN POLITICS PAC**

Mailing Address PO Box 206886

City New Haven State CT Zip Code 06520-6886

Purpose of Disbursement Payment of two field fellows

Candidate Name **STUDENTS FOR A NEW AMERICAN POLITICS PAC**

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 01 / 2014

Amount of Each Disbursement this Period: 3000.00

Transaction ID : VNHWGCNRCT2I

\* In-Kind Received

Full Name (Last, First, Middle Initial)  
**B. Sun Printing**

Mailing Address 1800 Grand Ave

City Wausau State WI Zip Code 54403-6869

Purpose of Disbursement Printing: Fundraising

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 05 / 27 / 2014

Amount of Each Disbursement this Period: 252.15

Transaction ID : VNGX89S8TQ8

Full Name (Last, First, Middle Initial)  
**c. Sun Printing**

Mailing Address 1800 Grand Ave

City Wausau State WI Zip Code 54403-6869

Purpose of Disbursement Printing (Field)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 06 / 18 / 2014

Amount of Each Disbursement this Period: 1088.76

Transaction ID : VNGX89SCR70

**SUBTOTAL** of Disbursements This Page (optional) ..... 4340.91

**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 142 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 09 / 2014</b>	
Mailing Address <b>3600 Presidential Blvd</b>			Amount of Each Disbursement this Period <b>187.00</b>	
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78719-2363</b>	Transaction ID : <b>VNGX89S0WK9</b>	
Purpose of Disbursement <b>Travel (Air)</b>		Category/ Type <b>002</b>		
Candidate Name		Disbursement For: <b>2014</b>		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 05 / 2014</b>	
Mailing Address <b>3600 Presidential Blvd</b>			Amount of Each Disbursement this Period <b>218.00</b>	
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78719-2363</b>	Transaction ID : <b>VNGX89S8VW0</b>	
Purpose of Disbursement <b>Travel (Air)</b>		Category/ Type <b>002</b>		
Candidate Name		Disbursement For: <b>2014</b>		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>c. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 05 / 2014</b>	
Mailing Address <b>3600 Presidential Blvd</b>			Amount of Each Disbursement this Period <b>218.00</b>	
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78719-2363</b>	Transaction ID : <b>VNGX89S8VX8</b>	
Purpose of Disbursement <b>Travel (Air)</b>		Category/ Type <b>002</b>		
Candidate Name		Disbursement For: <b>2014</b>		
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>623.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 143 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. United Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y <b>05 / 08 / 2014</b>	
Mailing Address <b>3600 Presidential Blvd</b>			Amount of Each Disbursement this Period <b>25.00</b>	
City <b>Austin</b>	State <b>TX</b>	Zip Code <b>78719-2363</b>	Transaction ID : <b>VNGX89S8VY6</b>	
Purpose of Disbursement <b>Travel (Air)</b>		Category/Type <b>002</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 10 / 2014</b>	
Mailing Address <b>111 W Rio Salado Pkwy</b>			Amount of Each Disbursement this Period <b>200.00</b>	
City <b>Tempe</b>	State <b>AZ</b>	Zip Code <b>85281-2880</b>	Transaction ID : <b>VNGX89S0WM5</b>	
Purpose of Disbursement <b>Travel (Air)</b>		Category/Type <b>002</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>			Date of Disbursement M M / D D / Y Y Y Y <b>04 / 10 / 2014</b>	
Mailing Address <b>111 W Rio Salado Pkwy</b>			Amount of Each Disbursement this Period <b>200.00</b>	
City <b>Tempe</b>	State <b>AZ</b>	Zip Code <b>85281-2880</b>	Transaction ID : <b>VNGX89S0WN3</b>	
Purpose of Disbursement <b>Travel (Air)</b>		Category/Type <b>002</b>		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____ District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>425.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 144 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 268.00
City Tempe	State AZ	
Zip Code 85281-2880	Purpose of Disbursement Travel (Air)	<b>Transaction ID : VNGX89S1CP5</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 25.00
City Tempe	State AZ	
Zip Code 85281-2880	Purpose of Disbursement Travel (Air)	<b>Transaction ID : VNGX89S8VZ4</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 111 W Rio Salado Pkwy		Amount of Each Disbursement this Period 248.00
City Tempe	State AZ	
Zip Code 85281-2880	Purpose of Disbursement Travel (Air)	<b>Transaction ID : VNGX89S8W02</b>
Candidate Name	002 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	541.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 145 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 19 / 2014</b>
Mailing Address <b>111 W Rio Salado Pkwy</b>		Amount of Each Disbursement this Period <b>248.00</b>
City <b>Tempe</b> State <b>AZ</b> Zip Code <b>85281-2880</b>	Purpose of Disbursement Travel (Air) <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : VNGX89S8W10</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 18 / 2014</b>
Mailing Address <b>111 W Rio Salado Pkwy</b>		Amount of Each Disbursement this Period <b>382.00</b>
City <b>Tempe</b> State <b>AZ</b> Zip Code <b>85281-2880</b>	Purpose of Disbursement Travel (Air) <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : VNGX89SCR39</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 18 / 2014</b>
Mailing Address <b>111 W Rio Salado Pkwy</b>		Amount of Each Disbursement this Period <b>382.00</b>
City <b>Tempe</b> State <b>AZ</b> Zip Code <b>85281-2880</b>	Purpose of Disbursement Travel (Air) <b>002</b> Category/Type	
Candidate Name		<b>Transaction ID : VNGX89SCR47</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1012.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 146 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 02 / 2014</b>
Mailing Address <b>615 Main St W</b>		Amount of Each Disbursement this Period <b>245.00</b>
City <b>Ashland</b> State <b>WI</b> Zip Code <b>54806-1300</b>	Purpose of Disbursement Postage (Fundraising) <b>003</b> Category/Type	
Candidate Name		<b>Transaction ID : VNGX89RW7J2</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 16 / 2014</b>
Mailing Address <b>615 Main St W</b>		Amount of Each Disbursement this Period <b>5.50</b>
City <b>Ashland</b> State <b>WI</b> Zip Code <b>54806-1300</b>	Purpose of Disbursement Postage <b>001</b> Category/Type	
Candidate Name		<b>Transaction ID : VNGX89S0WP1</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 19 / 2014</b>
Mailing Address <b>615 Main St W</b>		Amount of Each Disbursement this Period <b>9.00</b>
City <b>Ashland</b> State <b>WI</b> Zip Code <b>54806-1300</b>	Purpose of Disbursement Postage <b>001</b> Category/Type	
Candidate Name		<b>Transaction ID : VNGX89S8W51</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>259.50</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 147 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 615 Main St W		Amount of Each Disbursement this Period 21.95
City Ashland State WI Zip Code 54806-1300	Purpose of Disbursement Postage 001 Category/Type	
Candidate Name		<b>Transaction ID : VNGX89S8W77</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. USPS</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 615 Main St W		Amount of Each Disbursement this Period 490.00
City Ashland State WI Zip Code 54806-1300	Purpose of Disbursement Postage for Fundraising 003 Category/Type	
Candidate Name		<b>Transaction ID : VNGX89S8W85</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Will R Vormelker</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 104 Ridge Rd		Amount of Each Disbursement this Period 1434.65
City Hollis State NH Zip Code 03049	Purpose of Disbursement Payroll 001 Category/Type	
Candidate Name		<b>Transaction ID : VNGX89S0WR7</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1946.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 148 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Will R Vormelker</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 03 / 2014</b>
Mailing Address 104 Ridge Rd		Amount of Each Disbursement this Period <b>1141.78</b>
City Hollis	State NH Zip Code 03049	
Purpose of Disbursement Payroll	Category/Type <b>001</b>	<b>Transaction ID : VNGX89S0WS4</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Will R Vormelker</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2014</b>
Mailing Address 104 Ridge Rd		Amount of Each Disbursement this Period <b>699.28</b>
City Hollis	State NH Zip Code 03049	
Purpose of Disbursement Payroll	Category/Type <b>001</b>	<b>Transaction ID : VNGX89S0WT2</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Will R Vormelker</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 15 / 2014</b>
Mailing Address 104 Ridge Rd		Amount of Each Disbursement this Period <b>2646.06</b>
City Hollis	State NH Zip Code 03049	
Purpose of Disbursement Payroll	Category/Type <b>001</b>	<b>Transaction ID : VNGX89S0WV0</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>4487.12</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 154			
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2500 Lake Shore Dr E		Amount of Each Disbursement this Period 9.43
City Ashland State WI Zip Code 54806-2421	Purpose of Disbursement Fundraising Event Expense	
Candidate Name	Category/Type 003	Transaction ID : VNGX89S8WH6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2500 Lake Shore Dr E		Amount of Each Disbursement this Period 105.19
City Ashland State WI Zip Code 54806-2421	Purpose of Disbursement Office Supplies	
Candidate Name	Category/Type 001	Transaction ID : VNGX89S8WJ4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 2500 Lake Shore Dr E		Amount of Each Disbursement this Period 19.19
City Ashland State WI Zip Code 54806-2421	Purpose of Disbursement Fundraising Event Expense	
Candidate Name	Category/Type 003	Transaction ID : VNGX89S8WK2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	133.81
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 150 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Walmart</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2500 Lake Shore Dr E		Amount of Each Disbursement this Period 77.29
City Ashland State WI Zip Code 54806-2421	Purpose of Disbursement Office Supplies Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNGX89S8WN8
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Water Buffalo Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 249 N Water St		Amount of Each Disbursement this Period 504.24
City Milwaukee State WI Zip Code 53202-5787	Purpose of Disbursement Fundraising Event Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNGX89SCR54
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Wells Print and Digital Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address PO Box 1744		Amount of Each Disbursement this Period 8666.29
City Madison State WI Zip Code 53701-1744	Purpose of Disbursement Digital Advertising Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : VNGX89S8X27
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9247.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 151 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Michael Wilson</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 5711 8th Ave		Amount of Each Disbursement this Period 1538.49 <b>Transaction ID : VNGX89S8QC5</b>
City Kenosha State WI Zip Code 53140-4002	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Michael Wilson</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 5711 8th Ave		Amount of Each Disbursement this Period 138.30 <b>Transaction ID : VNGX89S8QE0</b>
City Kenosha State WI Zip Code 53140-4002	Purpose of Disbursement Mileage Reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Michael Wilson</b>		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 5711 8th Ave		Amount of Each Disbursement this Period 1669.86 <b>Transaction ID : VNGX89S8QD2</b>
City Kenosha State WI Zip Code 53140-4002	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3346.65
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 154			
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Michael Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 5711 8th Ave		Amount of Each Disbursement this Period 250.20 <b>Transaction ID : VNGX89S8QF8</b>
City Kenosha State WI Zip Code 53140-4002	Purpose of Disbursement Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Michael Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 5711 8th Ave		Amount of Each Disbursement this Period 287.00 <b>Transaction ID : VNGX89S8QG6</b>
City Kenosha State WI Zip Code 53140-4002	Purpose of Disbursement Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Michael Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address 5711 8th Ave		Amount of Each Disbursement this Period 1616.00 <b>Transaction ID : VNGX89SFV52</b>
City Kenosha State WI Zip Code 53140-4002	Purpose of Disbursement Expense Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2153.20
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 153 OF 154	
	<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)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Michael Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 5711 8th Ave		Amount of Each Disbursement this Period 347.94 <b>Transaction ID : VNGX89SCR13</b>
City Kenosha State WI Zip Code 53140-4002	Purpose of Disbursement Mileage Reimbursement Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Michael Wilson</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 5711 8th Ave		Amount of Each Disbursement this Period 1669.85 <b>Transaction ID : VNGX89SCR96</b>
City Kenosha State WI Zip Code 53140-4002	Purpose of Disbursement Payroll Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2017.79
<b>TOTAL</b> This Period (last page this line number only).....	84283.15

**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 154 OF 154	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Kelly Westlund for Wisconsin**

Full Name (Last, First, Middle Initial) <b>A. Democratic Party of Wisconsin</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 20 / 2014</b>
Mailing Address <b>15 N Pinckney St Ste 200</b>		Amount of Each Disbursement this Period <b>150.00</b>
City <b>Madison</b> State <b>WI</b> Zip Code <b>53703-2833</b>	Purpose of Disbursement <b>Political Contribution</b> <input type="checkbox"/> 012 Category/Type	
Candidate Name		<b>Transaction ID : VNGX89S8MY0</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democratic Party of Wisconsin</b>		Date of Disbursement M M / D D / Y Y Y Y <b>06 / 09 / 2014</b>
Mailing Address <b>15 N Pinckney St Ste 200</b>		Amount of Each Disbursement this Period <b>70.00</b>
City <b>Madison</b> State <b>WI</b> Zip Code <b>53703-2833</b>	Purpose of Disbursement <b>Political Contribution</b> <input type="checkbox"/> 012 Category/Type	
Candidate Name		<b>Transaction ID : VNGX89S8MZ8</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>220.00</b>