

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

Glenn Grothman for Congress

ADDRESS (number and street) ▼

PO Box 1215

Check if different than previously reported. (ACC)

Fond du Lac

WI

54964-1215

2. **FEC IDENTIFICATION NUMBER** ▼

C C00561597

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

WI

06

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 / / in the State of

(c) 30-Day **POST**-Election Report for the:

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 Kate Lind

Signature of Treasurer Kate Lind

[Electronically Filed]

Date

/ /

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Glenn Grothman for Congress

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

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)).... | 90656.24 | 101970.74 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 4300.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 90656.24 | 97670.74 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 26553.10 | 90230.87 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 569.60 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 26553.10 | 89661.27 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 67612.26 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 159160.00 | |

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

Glenn Grothman for Congress

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 51690.00 | 53540.00 |
| (ii) Unitemized..... | 10548.32 | 11012.82 |
| (iii) TOTAL of contributions from individuals ▶ | 62238.32 | 64552.82 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 28417.92 | 37417.92 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 90656.24 | 101970.74 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | | |
| | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | | |
| | 0.00 | 569.60 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | | |
| | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | | |
| | 90656.24 | 102540.34 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 26553.10 | 90230.87 |
| 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 | 1900.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 2400.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 4300.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 26553.10 | 94530.87 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 3509.12 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 90656.24 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 94165.36 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 26553.10 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 67612.26 |

**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 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
KAREN ALBERS

Mailing Address 2122 N 107TH STREET

City WAUWATOSA State WI Zip Code 53226-2304

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
210.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : SA11.4033

Amount of Each Receipt this Period
40.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 2122 N 107TH STREET

City WAUWATOSA State WI Zip Code 53226-2304

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
210.00

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

Transaction ID : SA11.4283

Amount of Each Receipt this Period
35.00

CONTRIBUTION

DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
PERRY J. ARMSTRONG

Mailing Address 2728 COHO STREET

City MADISON State WI Zip Code 53713-3015

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

Name of Employer SELF EMPLOYED Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.4265

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

1075.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
ROBIN BAXTER

Mailing Address 1856 BLACKFOOT AVENUE

City State Zip Code
GRAFTON WI 53024-9586

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

Name of Employer Occupation
UFS LLC COMPUTER NETWORKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 04 2015

Transaction ID : SA11.4001

Amount of Each Receipt this Period
200.00

CONTRIBUTION

DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
MRS. DIXIE BEESLEY-BERNSTEIN

Mailing Address N2455 CARDINAL LANE

City State Zip Code
OOSTBURG WI 53070-1650

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

Name of Employer Occupation
SELF PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 30 2015

Transaction ID : SA11.4163

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address W958 N SHORE DRIVE

City State Zip Code
ST. CLOUD WI 53079-1337

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
450.00

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

Transaction ID : SA11.4108

Amount of Each Receipt this Period
250.00

CONTRIBUTION

DEBT RETIREMENT

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 7 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
GARY BEZELLA

Mailing Address 5124 ISLAND VIEW DRIVE

City OSHKOSH State WI Zip Code 54901-1356

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

Name of Employer CROSS & OBERCIE Occupation SIGN PRINTER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
320.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 21 / 2015

Transaction ID : SA11.4080

Amount of Each Receipt this Period
150.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 221 BAMBOO ROAD

City PALM BEACH SHORES State FL Zip Code 33404-5732

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

Name of Employer BROYDRICK & ASSOCIATES Occupation PUBLIC AFFAIRS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.4121

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 385 WILLOW DRIVE

City FOND DU LAC State WI Zip Code 54935-1924

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

Name of Employer NATURAL STONE VENEERS Occupation EXEC

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11.4279

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

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

2150.00

**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 49 |
| | <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)
Glenn Grothman for Congress

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

Mailing Address 385 WILLOW DRIVE

City State Zip Code
FOND DU LAC WI 54935-1924

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

Name of Employer Occupation
NATURAL STONE VENEERS INTERNATIONA MASONRY

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11.4158

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KAREN M. BUTZ

Mailing Address 1120 W DECORAH ROAD

City State Zip Code
WEST BEND WI 53095-3802

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : SA11.4052

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 656 W EVERGREEN COURT

City State Zip Code
MILWAUKEE WI 53217-1608

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11.4228

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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 9 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
CAROL CARPENTER

Mailing Address **656 W EVERGREEN COURT**

City **MILWAUKEE** State **WI** Zip Code **53217-1608**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4263

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address **3100 NAGAWICKA ROAD**

City **HARTLAND** State **WI** Zip Code **53029-9355**

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 **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : SA11.4035

Amount of Each Receipt this Period
300.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address **P.O. BOX 485**

City **WAUTOMA** State **WI** Zip Code **54982-0485**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4178

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

1800.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
ROBERT CHESEBRO JR.

Mailing Address **216 EUCLID AVENUE**

City **SHEBOYGAN** State **WI** Zip Code **53083-5052**

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

Name of Employer **WIGWAM MILLS INC** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4161

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KEVIN G. DELAHUNT

Mailing Address **837 BRIARWOOD CT.**

City **KOHLER** State **WI** Zip Code **53044-1325**

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

Name of Employer **SARGENTO FOODS** Occupation **PRESIDENT - FOOD SERVICE DIVISION**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 18 / 2015

Transaction ID : SA11.4150

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TIM R. EDISON

Mailing Address **1513 HIDDEN ACRES LANE**

City **NEENAH** State **WI** Zip Code **54956-4983**

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

Name of Employer **AFFINITY MEDICAL GROUP** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4262

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 11 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
MS. JO EGELHOFF

Mailing Address **7511 CARROLL AVE**

City **TAKOMA PARK** State **MD** Zip Code **20912-5715**

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

Name of Employer **NONE** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4257

Amount of Each Receipt this Period
400.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MICHAEL S. EISENGA

Mailing Address **146 W MILL ST**

City **COLUMBUS** State **WI** Zip Code **53925-1585**

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

Name of Employer **AMERICAN LENDING SOLUTIONS LLC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4258

Amount of Each Receipt this Period
2700.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MARY KAY EVANS

Mailing Address **334 PLAZA LN**

City **PLYMOUTH** State **WI** Zip Code **53073-4288**

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

Name of Employer **SUN GRAPHICS** Occupation **OWNER**

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
03 / 06 / 2015

Transaction ID : SA11.4119

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

DEBT RETIREMENT

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

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

3350.00

**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 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
LEDA FESSLER

Mailing Address 1615 BRIARWOOD ROAD

City State Zip Code
SHEBOYGAN WI 53083-2151

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4171

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 125 S CEDAR RIDGE DRIVE, #136

City State Zip Code
WEST BEND WI 53095-3668

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
400.00

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

Transaction ID : SA11.4111

Amount of Each Receipt this Period
25.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 961 BRIGHTON DRIVE

City State Zip Code
MENASHA WI 54952-2944

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

Name of Employer Occupation
ZIEGLER INVESTMENT CONSULTANTS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
315.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : SA11.4036

Amount of Each Receipt this Period
150.00

CONTRIBUTION

DEBT RETIREMENT

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 49 |
| | <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)
Glenn Grothman for Congress

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

Mailing Address 1122 RIVERVIEW COURT

City State Zip Code
GRAFTON WI 53024-1609

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOUSEMAN & FEIND LLP LAWYER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.4098

Amount of Each Receipt this Period

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address N6287 RIVER HEIGHTS DRIVE

City State Zip Code
PLYMOUTH WI 53073-3623

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.4169

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address N978 PALMER ROAD

City State Zip Code
CEDAR GROVE WI 53013-1286

FEC ID number of contributing federal political committee.

Name of Employer Occupation
STATE FARM AGENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.4162

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
JO ANN GREB

Mailing Address P.O. BOX 916

City State Zip Code
HAYWARD WI 54843-0916

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 Y Y
01 / 21 / 2015

Transaction ID : SA11.4082

Amount of Each Receipt this Period
250.00

CONTRIBUTION

DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
JOAN S. GROTHMAN

Mailing Address 621 GRAND AVENUE

City State Zip Code
THIENSVILLE WI 53092-1435

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

Name of Employer Occupation
NONE RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4216

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
KENNETH W. GROTHMANN JR.

Mailing Address 2305 W HORIZON RIDGE PKWY UNIT 321

City State Zip Code
HENDERSON NV 89052-5768

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

Name of Employer Occupation
AMERICAN ENTERTAINMENT SERVICES INC ELECTRONIC TECH

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

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

Transaction ID : SA11.4266

Amount of Each Receipt this Period
2600.00

CONTRIBUTION

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

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

3350.00

**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 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
KENNETH D. HANSEN

Mailing Address 1528 HIDDEN ACRES LANE

City NEENAH State WI Zip Code 54956-4983

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

Name of Employer INFORMATION REQUESTED PER BEST EFF Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4260

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 7855 HIXON ROAD

City MINOCQUA State WI Zip Code 54548-9112

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 Y Y
01 / 28 / 2015

Transaction ID : SA11.4085

Amount of Each Receipt this Period
100.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 3147 HIGHWAY 33

City WEST BEND State WI Zip Code 53095-9407

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 **225.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : SA11.4029

Amount of Each Receipt this Period
50.00

CONTRIBUTION

DEBT RETIREMENT

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 16 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
BEA M. HOLLFELDER

Mailing Address **N7889 LAKESIDE PARK ROAD**

City **ELKHART LAKE** State **WI** Zip Code **53020-1811**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

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

Transaction ID : SA11.4318

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

Mailing Address **N7889 LAKESIDE PARK ROAD**

City **ELKHART LAKE** State **WI** Zip Code **53020-1811**

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

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

Transaction ID : SA11.4317

Amount of Each Receipt this Period
2500.00
 CONTRIBUTION

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

Mailing Address **3620 LAKE MENDOTA DRIVE**

City **MADISON** State **WI** Zip Code **53705-1475**

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 **1600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : SA11.4011

Amount of Each Receipt this Period
1600.00
 CONTRIBUTION

DEBT RETIREMENT

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

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

6600.00

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

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

FOR LINE NUMBER: PAGE 17 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

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

Mailing Address 6761 HICKORY ROAD, BOX 20

City State Zip Code
NEWBURG WI 53060-

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFF(INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
205.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 16 2015

Transaction ID : SA11.4072

Amount of Each Receipt this Period
50.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address W5202 LARSON ROAD

City State Zip Code
RIO WI 53960-9575

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 21 2015

Transaction ID : SA11.4086

Amount of Each Receipt this Period
500.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address W5202 LARSON ROAD

City State Zip Code
RIO WI 53960-9575

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

Name of Employer Occupation
SELF EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.4307

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

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

800.00

**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 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
GWEN JOHNSON

Mailing Address **N170W20239 HUNTERS ROAD**

City **JACKSON** State **WI** Zip Code **53037-9422**

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

Name of Employer **AURORA ADVANCED HEALTHCARE** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4219

Amount of Each Receipt this Period
300.00
 CONTRIBUTION

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

Mailing Address **1637 DELLWOOD COURT**

City **GRAFTON** State **WI** Zip Code **53024-2036**

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

Name of Employer **BA CONSTRUCTION** Occupation **ACCOUNTANT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : SA11.4021

Amount of Each Receipt this Period
40.00
 CONTRIBUTION
 DEBT RETIREMENT

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

Mailing Address **630 RIVERFRONT DRIVE**

City **SHEBOYGAN** State **WI** Zip Code **53081-4629**

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

Name of Employer **WINDWAY CAPITOL CORP.** Occupation **PUBLIC AFFAIRS**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4245

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

1340.00

**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 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
AARON D. LAMMERS

Mailing Address 417 S BRUNS AVE

City State Zip Code
PLYMOUTH WI 53073-2554

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

Name of Employer Occupation
WINDWAY CAPITAL CORP DIR OF IT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.4156

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address N2175 RAUWERDINK ROAD

City State Zip Code
OOSTBURG WI 53070-2052

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

Name of Employer Occupation
SELF EMPLOYED LAMMUS FARMS

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.4315

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address 526 N 28TH STREET

City State Zip Code
SHEBOYGAN WI 53081-4257

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

Name of Employer Occupation
HARRY'S DINER OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.4314

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

1250.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
RICK S. LEONHARD

Mailing Address 4911 BARONWOOD WAY

City State Zip Code
SHEBOYGAN WI 53083-1963

FEC ID number of contributing federal political committee.

Name of Employer Occupation
VIKING MASEK PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.4154

Amount of Each Receipt this Period

CONTRIBUTION

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

Mailing Address 629 WESTRIDGE DRIVE, 1

City State Zip Code
WEST BEND WI 53095-3636

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFINITE MOTION CONTROL ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.4039

Amount of Each Receipt this Period

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 300 STARKWEATHER DRIVE

City State Zip Code
BEAVER DAM WI 53916-1076

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.4077

Amount of Each Receipt this Period

CONTRIBUTION

DEBT RETIREMENT

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

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

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

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

FOR LINE NUMBER: PAGE 21 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
FRED LUBER

Mailing Address **777 N PROSPECT AVENUE
UNIT 804**

City **MILWAUKEE** State **WI** Zip Code **53202-4010**

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

Name of Employer **SUPER STEEL** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
03 / 30 / 2015

Transaction ID : SA11.4225

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **1815 BERNHEIM STREET**

City **OSHKOSH** State **WI** Zip Code **54904-8968**

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

Name of Employer **SELF-EMPLOYED** Occupation **HEALTHCARE**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
03 / 31 / 2015

Transaction ID : SA11.4284

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **P.O. BOX 386**

City **ELKHART LAKE** State **WI** Zip Code **53020-0386**

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

Name of Employer **PLYCO CORP** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
03 / 30 / 2015

Transaction ID : SA11.4159

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

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

1500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 49 |
| | <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)
Glenn Grothman for Congress

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

Mailing Address **705 RIVER OAKS**

City **SHEBOYGAN FALLS** State **WI** Zip Code **53085-1045**

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

Name of Employer **MCCLONE** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11.4320

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
D. F. MCKEITHAN JR.

Mailing Address **777 E WISCONSIN AVENUE, STE 3020**

City **MILWAUKEE** State **WI** Zip Code **53202-5302**

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

Name of Employer **TAMARACK PETROLEUM** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 25 / 2015

Transaction ID : SA11.4157

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
D. F. MCKEITHAN JR.

Mailing Address **777 E WISCONSIN AVENUE, STE 3020**

City **MILWAUKEE** State **WI** Zip Code **53202-5302**

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

Name of Employer **TAMARACK PETROLEUM** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11.4280

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

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

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

2250.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
KATHY MOHR

Mailing Address **W1774 RIVERWOODS COURT**

City **SHEBOYGAN** State **WI** Zip Code **53083-1630**

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

Name of Employer **PLASTICS ENGINEERING COMPANY** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.4316

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

Mailing Address **8318 HILLTOP LANE**

City **KEWASKUM** State **WI** Zip Code **53040-9230**

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
2021.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : SA11.4023

Amount of Each Receipt this Period
500.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address **1912 SALISBURY ROAD**

City **WEST BEND** State **WI** Zip Code **53090-1640**

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
210.00

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

Transaction ID : SA11.4115

Amount of Each Receipt this Period
100.00

CONTRIBUTION

DEBT RETIREMENT

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 24 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
SCOTT PATERICK

Mailing Address 540 BAKER STREET, P.O. BOX 422

City State Zip Code
WISCONSIN RAPIDS WI 54495-0422

FEC ID number of contributing federal political committee.

Name of Employer Occupation
THE INVESTORS CHOICE INVESTMENT BROKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.4032

Amount of Each Receipt this Period

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 10522 N COUNCIL HILLS DRIVE

City State Zip Code
MEQUON WI 53097-3306

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NONE RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.3998

Amount of Each Receipt this Period

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address N7124 WILLOW ROAD

City State Zip Code
SHEBOYGAN FALLS WI 53085-2014

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WINDEVER FARM FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11.4246

Amount of Each Receipt this Period

CONTRIBUTION

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

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

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

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

FOR LINE NUMBER: PAGE 25 OF 49
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
GLENN REINDERS

Mailing Address 3479 SHERMAN ROAD

City JACKSON State WI Zip Code 53037-9778

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
 _____ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : SA11.4037

Amount of Each Receipt this Period
 _____ 200.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 3479 SHERMAN ROAD

City JACKSON State WI Zip Code 53037-9778

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11.4179

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VIRGINIA W. ROMAINE

Mailing Address W2940 WARBLER LANE

City SHEBOYGAN FALLS State WI Zip Code 53085-2309

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2015

Transaction ID : SA11.4251

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

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

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

_____ 700.00

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

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

FOR LINE NUMBER: PAGE 26 OF 49
(check only one)
 11a 12
 11b 13a
 11c 13b
 11d 14
 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
RANDY ROMANOSKI

Mailing Address 229 PHILLIP COURT

City KOHLER State WI Zip Code 53044-1358

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

Name of Employer SHEBOYGAN CHEVROLET Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11.4191

Amount of Each Receipt this Period
 _____ 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES C. SARTORI

Mailing Address N7363 CRYSTAL ISLE LANE

City PLYMOUTH State WI Zip Code 53073-2751

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

Name of Employer SARTORI CHEESE Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

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

Transaction ID : SA11.4155

Amount of Each Receipt this Period
 _____ 500.00

CONTRIBUTION

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

Mailing Address 455 E MORGAN AVENUE

City MILWAUKEE State WI Zip Code 53207-3309

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
 _____ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : SA11.4012

Amount of Each Receipt this Period
 _____ 250.00

CONTRIBUTION

DEBT RETIREMENT

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 27 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
JOHN SENSENBRENNER JR.

Mailing Address P.O. BOX 67

City: NEENAH State: WI Zip Code: 54957-0067

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: 800.00

Date of Receipt: 02 / 19 / 2015

Transaction ID : SA11.4114

Amount of Each Receipt this Period: 300.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 5372 ISLEWORTH COUNTRY CLUB DRIVE

City: WINDERMERE State: FL Zip Code: 34786-8924

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 30 / 2015

Transaction ID : SA11.4166

Amount of Each Receipt this Period: 2500.00

CONTRIBUTION

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

Mailing Address W4693 JAY ROAD

City: FREDONIA State: WI Zip Code: 53021-9754

FEC ID number of contributing federal political committee: C

Name of Employer: INFORMATION REQUESTED PER BEST EFF(Occupation: INFORMATION REQUESTED PER BEST EFF(

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 11 / 2015

Transaction ID : SA11.4110

Amount of Each Receipt this Period: 100.00

CONTRIBUTION

DEBT RETIREMENT

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

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

2900.00

**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 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
DENNIS STENZ

Mailing Address W2217 COUNTY ROAD WH

City MOUNT CALVARY State WI Zip Code 53057-9720

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

Name of Employer ENGINEERED EXHAUST SYSTEMS Occupation SALES ENGINEER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : SA11.4051

Amount of Each Receipt this Period
25.00

CONTRIBUTION

DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
BERNARD VAN DINTER

Mailing Address 8081 FIELDING LANE

City GREENDALE State WI Zip Code 53129-2115

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
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 16 / 2015

Transaction ID : SA11.4041

Amount of Each Receipt this Period
250.00

CONTRIBUTION

DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
JASON A. VORPAHL

Mailing Address W6239 HWY SS

City RANDOM LAKE State WI Zip Code 53075-1242

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

Name of Employer VORPAHL'S FARM INC Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 26 / 2015

Transaction ID : SA11.4253

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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

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

775.00

**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 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
TERRENCE R. WALL

Mailing Address 57 CAMBRIDGE ROAD

City MADISON State WI Zip Code 53704-5961

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

Name of Employer T. WALL ENTERPRISES Occupation DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11.4259

Amount of Each Receipt this Period
 2600.00

CONTRIBUTION

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

Mailing Address N108W15053 BEL AIRE LANE

City GERMANTOWN State WI Zip Code 53022-4203

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 Y Y
 01 / 16 / 2015

Transaction ID : SA11.4038

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

DEBT RETIREMENT

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

Mailing Address 1533 GOLF VIEW DRIVE E

City SHEBOYGAN State WI Zip Code 53083-3461

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

Name of Employer WILLMAN IND 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 Y Y
 01 / 28 / 2015

Transaction ID : SA11.4097

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

DEBT RETIREMENT

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

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

2950.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 49 |
| | <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)
Glenn Grothman for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) CHARLES WINDSOR | | Date of Receipt MM / DD / YYYY 01 / 16 / 2015 |
| Mailing Address 4 N POINT DRIVE | | Transaction ID : SA11.4055 |
| City SHEBOYGAN | State WI | Zip Code 53081-2952 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer WINDSOR INSDUSTRIES | Occupation MANUFACTURE | CONTRIBUTION |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | DEBT RETIREMENT |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) DANIEL WITKOWSKI | | Date of Receipt MM / DD / YYYY 01 / 16 / 2015 |
| Mailing Address P.O. BOX 407 | | Transaction ID : SA11.4056 |
| City PORT WASHINGTON | State WI | Zip Code 53074-0407 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer DANIEL WITKOWSKI DDS SC | Occupation DENTIST | CONTRIBUTION |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 800.00 | DEBT RETIREMENT |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) EDWARD WOLF | | Date of Receipt MM / DD / YYYY 01 / 16 / 2015 |
| Mailing Address 1123 HORNS CORNERS ROAD | | Transaction ID : SA11.4019 |
| City CEDARBURG | State WI | Zip Code 53012-8922 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 50.00 | |
| Name of Employer RETIRED | Occupation RETIRED | CONTRIBUTION |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 300.00 | DEBT RETIREMENT |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 800.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
FRED M. YOUNG JR.

Mailing Address HAS NOT COME IN

City RACINE State WI Zip Code 53402-

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

Name of Employer NONE Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4272

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

Mailing Address P.O. BOX 1625

City LA CROSSE State WI Zip Code 54602-1625

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

Name of Employer KWIK TRIP INC Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 16 / 2015

Transaction ID : SA11.4025

Amount of Each Receipt this Period
 750.00

CONTRIBUTION

DEBT RETIREMENT

C. Full Name (Last, First, Middle Initial)
SUSAN K. ZIMBAL

Mailing Address 2003 WASHINGTON AVE

City SHEBOYGAN State WI Zip Code 53081-7039

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

Name of Employer ZIMBAL MINKERY INC Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4267

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

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

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

6750.00

51690.00

**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 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION/MISSOURI

Mailing Address

City State Zip Code
JEFFERSON CITY MO 65102-

FEC ID number of contributing federal political committee. **C C00008169**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4133

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS AND CONTRACTORS PAC

Mailing Address 440 FIRST ST NW

City State Zip Code
WASHINGTON DC 20001-2028

FEC ID number of contributing federal political committee. **C C00010421**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4274

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AT&T INC FEDERAL PAC

Mailing Address 208 S AKARD STREET, STE 2701

City State Zip Code
DALLAS TX 75202-4206

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2015

Transaction ID : SA11.4132

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

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

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

4500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 33 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
FOLEY LARDNER POLITICAL FUND INC

Mailing Address

City: WASHINGTON State: DC Zip Code: 20002-

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4124

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC PAC

Mailing Address 1299 PENNSYLVANIA AVENUE NW

City: WASHINGTON State: DC Zip Code: 20004-2400

FEC ID number of contributing federal political committee: **C C00024869**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11.4250

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 101 CONSTITUTION AVE NW, STE 500W

City: WASHINGTON State: DC Zip Code: 20001-2177

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4125

Amount of Each Receipt this Period
 1917.92
 CONTRIBUTION

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

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

3917.92

**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 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
INTEGRYS ENERGY GROUP, INC PAC

Mailing Address 130 E RANDOLPH ST

City State Zip Code
CHICAGO IL 60601-6207

FEC ID number of contributing federal political committee. **C C00442707**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.4117

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
INTERNATIONAL PAPER POLITICAL ACTION COMMITTEE (IP

Mailing Address 1101 PENNSYLVANIA AVE NW

City State Zip Code
WASHINGTON DC 20004-2504

FEC ID number of contributing federal political committee. **C C00034405**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2015

Transaction ID : SA11.4248

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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

Mailing Address 600 14TH ST NW, STE 800

City State Zip Code
WASHINGTON DC 20005-2099

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

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

Transaction ID : SA11.4126

Amount of Each Receipt this Period
2500.00
CONTRIBUTION

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

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

4500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 49 |
| | <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)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON STREET, STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00459123

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
 01 / 16 / 2015

Transaction ID : SA11.4106

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

DEBT RETIREMENT

B. Full Name (Last, First, Middle Initial)
OSKOSH CORP EMPLOYEES PAC

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C** C00304477

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 26 / 2015

Transaction ID : SA11.4273

Amount of Each Receipt this Period
 2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
PROSPERITY ACTION INC PAC

Mailing Address 1006 PENDLETON ST

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00377689

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

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

Transaction ID : KML01

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

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

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

12500.00

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

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

FOR LINE NUMBER: PAGE 36 OF 49
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Glenn Grothman for Congress

A. Full Name (Last, First, Middle Initial)
U.S.-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE

Mailing Address HIALEAH EXPY

City State Zip Code
FL

FEC ID number of contributing federal political committee. **C C00387720**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.4127

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
UNION PACIFIC CORPORATION FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 700 13TH STREET NW, SUITE 350

City State Zip Code
WASHINGTON DC 20002-

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2015

Transaction ID : SA11.4249

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WISCONSIN ENERGY PAC

Mailing Address 231 W MICHIGAN STREET

City State Zip Code
MILWAUKEE WI 53203-2918

FEC ID number of contributing federal political committee. **C C00099945**

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
 02 / 04 / 2015

Transaction ID : SA11.4105

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

DEBT RETIREMENT

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

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

3000.00

28417.92

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

| | | | | |
|---|---|---------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 49 | | |
| | <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)
Glenn Grothman for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. LAURA GRALTON | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015 |
| Mailing Address W330 N4298 GLEN PARC CIRCLE | | Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.I663 |
| City NASHOTAH State WI Zip Code 53058 | Purpose of Disbursement FUNDRAISING CONSULTING | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. LAURA GRALTON | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015 |
| Mailing Address W330 N4298 GLEN PARC CIRCLE | | Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.I664 |
| City NASHOTAH State WI Zip Code 53058 | Purpose of Disbursement FUNDRAISING CONSULTING | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2015 |
| Mailing Address 5555 HILTON AVE SUITE 106 | | Amount of Each Disbursement this Period 119.55 Transaction ID : SB17.I696 |
| City BATON ROUGE State LA Zip Code 70808 | Purpose of Disbursement CREDIT CARD PROCESSING FEES | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4119.55 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 49 | | | |
| | <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)
Glenn Grothman for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2015 |
| Mailing Address 5555 HILTON AVE SUITE 106 | | Amount of Each Disbursement this Period 80.68 |
| City BATON ROUGE State LA Zip Code 70808 | Category/Type | |
| Purpose of Disbursement CREDIT CARD PROCESSING FEES | | Transaction ID : SB17.I697 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. ANEDOT | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2015 |
| Mailing Address 5555 HILTON AVE SUITE 106 | | Amount of Each Disbursement this Period 771.00 |
| City BATON ROUGE State LA Zip Code 70808 | Category/Type | |
| Purpose of Disbursement CREDIT CARD PROCESSING FEES | | Transaction ID : SB17.I698 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. ASPECT CONSULTING LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015 |
| Mailing Address 8401 EXCELSIOR DRIVE #103 | | Amount of Each Disbursement this Period 1700.00 |
| City MADISON State WI Zip Code 53717 | Category/Type | |
| Purpose of Disbursement COMPLIANCE CONSULTING | | Transaction ID : SB17.I685 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2551.68 |
| 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 39 OF 49 | |
| | <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)
Glenn Grothman for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ASPECT CONSULTING LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2015 |
| Mailing Address 8401 EXCELSIOR DRIVE #103 | | Amount of Each Disbursement this Period 1700.00 Transaction ID : SB17.I688 |
| City MADISON | State WI | |
| Zip Code 53717 | Purpose of Disbursement COMPLIANCE CONSULTING | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB | | Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2015 |
| Mailing Address 300 FIRST ST SE | | Amount of Each Disbursement this Period 475.00 Transaction ID : SB17.I690 |
| City WASHINGTON | State DC | |
| Zip Code 20003 | Purpose of Disbursement MEMBERSHIP DUES | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2015 |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I667 |
| City TYSONS CORNERS | State VA | |
| Zip Code 22182 | Purpose of Disbursement DATABASE SOFTWARE | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2973.00 |
| 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 40 OF 49 | | | |
| | <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)
Glenn Grothman for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2015 |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I677 |
| City TYSONS CORNERS | State VA Zip Code 22182 | |
| Purpose of Disbursement DATABASE SOFTWARE | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. CMDI | | Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2015 |
| Mailing Address 1593 SPRING HILL ROAD SUITE 400 | | Amount of Each Disbursement this Period 798.00 Transaction ID : SB17.I682 |
| City TYSONS CORNERS | State VA Zip Code 22182 | |
| Purpose of Disbursement DATABASE SOFTWARE | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. HIGH COTTON CONSULTING | | Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015 |
| Mailing Address 611 PENNSYLVANIA AVE SE #121 | | Amount of Each Disbursement this Period 1809.60 Transaction ID : SB17.I671 |
| City WASHINGTON | State DC Zip Code 20003 | |
| Purpose of Disbursement EXPENSE REIMBURSEMENT | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3405.60 |
| 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 41 OF 49 | | | |
| | <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)
Glenn Grothman for Congress

Full Name (Last, First, Middle Initial)
A. CAPITOL HILL CLUB

Mailing Address 300 FIRST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
EVENT CATERING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 18 / 2014

Amount of Each Disbursement this Period
1809.60

Transaction ID : KML1

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. HIGH COTTON CONSULTING

Mailing Address 611 PENNSYLVANIA AVE SE #121

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
01 / 22 / 2015

Amount of Each Disbursement this Period
2000.00

Transaction ID : SB17.I673

Full Name (Last, First, Middle Initial)
C. HIGH COTTON CONSULTING

Mailing Address 611 PENNSYLVANIA AVE SE #121

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
02 / 05 / 2015

Amount of Each Disbursement this Period
5085.00

Transaction ID : SB17.I680

SUBTOTAL of Disbursements This Page (optional)..... 7085.00

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 42 OF 49 | |
| | <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)
Glenn Grothman for Congress

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. NATIONBUILDER | | Date of Disbursement M M / D D / Y Y Y Y 01 / 14 / 2015 |
| Mailing Address 448 S HILL ST | | Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.I670 |
| City LOS ANGELES | State CA Zip Code 90013 | |
| Purpose of Disbursement SOFTWARE | Candidate Name Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. NATIONBUILDER | | Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2015 |
| Mailing Address 448 S HILL ST | | Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.I681 |
| City LOS ANGELES | State CA Zip Code 90013 | |
| Purpose of Disbursement SOFTWARE | Candidate Name Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. NATIONBUILDER | | Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015 |
| Mailing Address 448 S HILL ST | | Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.I691 |
| City LOS ANGELES | State CA Zip Code 90013 | |
| Purpose of Disbursement SOFTWARE | Candidate Name Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | | |

| | |
|---|---------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 297.00 |
| 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 43 OF 49 | |
| | <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)
Glenn Grothman for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. POINTER MARKETING | | Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015 |
| Mailing Address 7019 STATE ROAD 144N | | Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.I672 |
| City WEST BEND State WI Zip Code 53090 | Purpose of Disbursement DIRECT MAIL | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. TIME WARNER CABLE | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2015 |
| Mailing Address P.O. BOX 4639 | | Amount of Each Disbursement this Period 274.52 Transaction ID : SB17.I675 |
| City CAROL STREAM State IL Zip Code 60197 | Purpose of Disbursement INTERNET | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. WISCONSIN NEWSPRESS | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2015 |
| Mailing Address 113 E MILL STREET | | Amount of Each Disbursement this Period 237.51 Transaction ID : SB17.I687 |
| City PLYMOUTH State WI Zip Code 53073 | Purpose of Disbursement MEDIA - NEWSPAPER | |
| 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: | | |

| | |
|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5512.03 |
| TOTAL This Period (last page this line number only)..... | 25943.86 |

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.7056

Glenn Grothman for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Glenn S. Grothman

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 1215

City State ZIP Code
Fond du Lac WI 54936

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 90000.00 | 19690.00 | 70310.00 |

TERMS

Date Incurred: M 07 / D 18 / Y 2014
 Date Due: M 12 / D 31 / Y 2016
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|--|----------|
| SUBTOTALS This Period This Page (optional)..... | 70310.00 |
| TOTALS This Period (last page in this line only)..... | [] |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : KML1KJKJ

Glenn Grothman for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Glenn S. Grothman

Primary
 General
 Other (specify) ▼

Mailing Address
PO Box 1215

City State ZIP Code
Fond du Lac WI 54964

| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
|-------------------------|----------------------------|---|
| 30000.00 | 0.00 | 30000.00 |

TERMS

Date Incurred: M 08 / D 04 / Y 2014
 Date Due: M 12 / D 01 / Y 2016
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
|--|------------------------------------|
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional)..... ▶ 30000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : KML2

Glenn Grothman for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

GLENN S GROTHMAN

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 1215

City State ZIP Code
FOND DU LAC WI 54936

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
11000.00 0.00 11000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

10

24

2014

12

31

2016

0.00 % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|--------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: |

SUBTOTALS This Period This Page (optional)..... 11000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Glenn Grothman for Congress** Transaction ID : **KML1203A**

| | | |
|---|-------------------------|---|
| LOAN SOURCE Full Name (Last, First, Middle Initial) GLENN S GROTHMAN | [PERSONAL FUNDS] | Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address PO BOX 1215 | | |

| | | |
|-------------|-------|----------|
| City | State | ZIP Code |
| FOND DU LAC | WI | 54936 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 13800.00 | 0.00 | 13800.00 |

TERMS

| | | | |
|----------------------|----------------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| M 10 / D 30 / Y 2014 | M 12 / D 31 / Y 2016 | 0.00 % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width:150px" type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width:150px" type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width:150px" type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: <input style="width:150px" type="text"/> |

| | |
|--|--|
| SUBTOTALS This Period This Page (optional)..... | 13800.00 |
| TOTALS This Period (last page in this line only)..... | <input style="width:150px" type="text"/> |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. | |

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : KML1203B

Glenn Grothman for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

GLENN S GROTHMAN

Primary

General

Other (specify) ▼

Mailing Address
PO BOX 1215

City State ZIP Code
FOND DU LAC WI 54936

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5050.00 0.00 5050.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

11^M

03^D

2014

12^M

31^D

2016

0.00

% (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

SUBTOTALS This Period This Page (optional)..... ▶ 5050.00
TOTALS This Period (last page in this line only)..... ▶ 130160.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 49 OF 49 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

Glenn Grothman for Congress

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor LAURA GRALTON | Nature of Debt (Purpose): FUNDRAISING CONSULTING - GENERAL |
| Mailing Address W330 N4298 GLEN PARC CIRCLE | |
| City State Zip Code NASHOTAH WI 53058 | |

| | | |
|---|----------------------------------|---|
| Outstanding Balance Beginning This Period 33000.00 | Transaction ID : KMLF1212 | |
| Amount Incurred This Period 0.00 | Payment This Period 4000.00 | Outstanding Balance at Close of This Period 29000.00 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor HIGH COTTON CONSULTING | Nature of Debt (Purpose): FUNDRAISING FOR G2014 DEBT |
| Mailing Address 611 PENNSYLVANIA AVE SE #121 | |
| City State Zip Code WASHINGTON DC 20003 | |

| | | |
|--|---------------------------------|---|
| Outstanding Balance Beginning This Period 8894.60 | Transaction ID : 012115F | |
| Amount Incurred This Period 0.00 | Payment This Period 8894.60 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor POINTER MARKETING INC | Nature of Debt (Purpose): FUNDRAISING MAILING - PRIMARY |
| Mailing Address 7019 STATE ROAD 144N | |
| City State Zip Code WEST BEND WI 53090 | |

| | | |
|--|--------------------------------|---|
| Outstanding Balance Beginning This Period 5000.00 | Transaction ID : 10180 | |
| Amount Incurred This Period 0.00 | Payment This Period 5000.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|-----------|
| 1) SUBTOTALS This Period This Page (optional) | 29000.00 |
| 2) TOTALS This Period (last page this line number only) | 29000.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 130160.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 159160.00 |