

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

Leibham for Congress

ADDRESS (number and street)

3618 River Ridge Dr.

Check if different than previously reported. (ACC)

Sheboygan

WI

53083-2649

2. FEC IDENTIFICATION NUMBER ▼

C C00562496

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Ken Leibham

Signature of Treasurer Ken Leibham

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Leibham 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))....	2200.00	460648.84
(b) Total Contribution Refunds (from Line 20(d))	18180.00	18180.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-15980.00	442468.84
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6480.34	447407.75
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6480.34	447407.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1061.09	
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).....	6000.00	

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

Leibham 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).....	200.00	378997.80
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	200.00	378997.80
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	78499.00
(d) The Candidate.....	0.00	3152.04
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2200.00	460648.84
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	10000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	10000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2200.00	470648.84

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6480.34	447407.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	4000.00	4000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	4000.00	4000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	18180.00	18180.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	18180.00	18180.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28660.34	469587.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	27521.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2200.00
25. SUBTOTAL (add Line 23 and Line 24).....	29721.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28660.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1061.09

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3N
Transaction ID :

Form/Schedule:
Transaction ID:

**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 22
	<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)
Leibham for Congress

A. Full Name (Last, First, Middle Initial)
Roger Kriete

Mailing Address 4444 W. Bluemound Rd.

City Milwaukee State WI Zip Code 53208-3670

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

Name of Employer Kriete Group Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : A394731002B894B9F9F6

Amount of Each Receipt this Period
100.00

See Refund on Schedule B, Line 20a

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

Mailing Address 4444 W. Bluemound Rd.

City Milwaukee State WI Zip Code 53208-3670

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

Name of Employer Kriete Group Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : A5A37F13A67F0409FA76

Amount of Each Receipt this Period
100.00

See Refund on Schedule B, Line 20a

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

200.00

200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<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	

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)
Leibham for Congress

A. Full Name (Last, First, Middle Initial)
CITIZENS FOR TOM PETRI

Mailing Address **PO BOX 270**

City **FOND DU LAC** State **WI** Zip Code **54936**

FEC ID number of contributing federal political committee. **C C00107003**

Name of Employer _____ Occupation _____

Receipt For: 2014
 Primary General
 Other (specify) _____

Election Cycle-to-Date
 _____ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : AA575F73EA1CB4BD6804

Amount of Each Receipt this Period
 _____ 2000.00

Designated for Primary Debt Retirement

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address _____

City _____ State _____ Zip Code _____

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

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

_____ 2000.00

_____ 2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. Community Bank & Trust		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 604 N Eight St. PO Box 1409		Amount of Each Disbursement this Period 1.00
City Sheboygan State WI Zip Code 53082-1409	Purpose of Disbursement Banking Fee 001 Category/Type	
Candidate Name		Transaction ID : BCC79B02F42DB4EA8ABA
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Schenck, SC		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 712 Riverfront Dr #301		Amount of Each Disbursement this Period 63.00
City Sheboygan State WI Zip Code 53081-4665	Purpose of Disbursement Accounting Services 001 Category/Type	
Candidate Name		Transaction ID : B4EEB2F20E4AD4E05B37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Town of Sheboygan		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1512 North 40th Street		Amount of Each Disbursement this Period 61.62
City Sheboygan State WI Zip Code 53081-1736	Purpose of Disbursement Utilities for Office 001 Category/Type	
Candidate Name		Transaction ID : B4B3E9FEE7750415792B
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	125.62
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 9 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. Schenck, SC		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 712 Riverfront Dr #301		Amount of Each Disbursement this Period 116.75 Transaction ID : B2831EDC2E06A4A05BAD
City Sheboygan State WI Zip Code 53081-4665	Purpose of Disbursement Accounting Services Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 2981		Amount of Each Disbursement this Period 125.23 Transaction ID : B6BE241FA02014A3E8C2
City Milwaukee State WI Zip Code 53201-2981	Purpose of Disbursement Phone/Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2014
Mailing Address PO Box 2981		Amount of Each Disbursement this Period 125.23 Transaction ID : BA78DA71905814B30AD1
City Milwaukee State WI Zip Code 53201-2981	Purpose of Disbursement Phone/Internet Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	367.23
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 10 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. StreamSend Email Marketing		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1107 9th Street Suite 340		Amount of Each Disbursement this Period 99.90 Transaction ID : B3D08AE3789A043D59D4
City Sacramento State CA Zip Code 95814-3614	Purpose of Disbursement Email Fundraising 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Aristotle International, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 650.00 Transaction ID : B7F945DDD28C2474B8F6
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Computer Software 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mail Chimp		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 75.00 Transaction ID : B69A02FCBD7DB4C51822
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Internet Mailing Service 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	824.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 2981		Amount of Each Disbursement this Period 127.17 Transaction ID : BE7C86B42518C47FB8B6
City Milwaukee State WI Zip Code 53201-2981	Purpose of Disbursement Phone/Internet Service Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Community Bank & Trust		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 604 N Eight St. PO Box 1409		Amount of Each Disbursement this Period 1.00 Transaction ID : B41E004592CCF4382B94
City Sheboygan State WI Zip Code 53082-1409	Purpose of Disbursement Banking Fee Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Andre Fire Equipment, Inc.		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2014
Mailing Address 2317 North Fifteenth St. PO Box 275		Amount of Each Disbursement this Period 37.28 Transaction ID : B4D9E8ACE0BB24E23A01
City Sheboygan State WI Zip Code 53083-4652	Purpose of Disbursement Office Fire Extinguisher Maintenance Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	165.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 22	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. Mail Chimp		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 512 Means Street Suite 404		Amount of Each Disbursement this Period 75.00 Transaction ID : B2E855AB254314C9795F
City Atlanta State GA Zip Code 30318-5788	Purpose of Disbursement Internet Mailing Service 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Schenck, SC		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 712 Riverfront Dr #301		Amount of Each Disbursement this Period 500.00 Transaction ID : B3F8E1292E89A4AA8B4C
City Sheboygan State WI Zip Code 53081-4665	Purpose of Disbursement Accounting Services 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Lucas Moench		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 20 N Blair St. Apt. 318		Amount of Each Disbursement this Period 165.00 Transaction ID : BCD638FBC758F4077A8E
City Madison State WI Zip Code 53703-2463	Purpose of Disbursement Mileage Reimbursement 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	740.00
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 13 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. Charter Communications		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address PO Box 2981		Amount of Each Disbursement this Period 946.08 Transaction ID : B746DA5A93C684212A7E
City Milwaukee	State WI Zip Code 53201-2981	
Purpose of Disbursement Phone/Internet Service	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Community Bank & Trust		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 604 N Eight St. PO Box 1409		Amount of Each Disbursement this Period 1.00 Transaction ID : B06D05831DD754287ABC
City Sheboygan	State WI Zip Code 53082-1409	
Purpose of Disbursement Banking Fee	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Larry's Market		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2014
Mailing Address 8737 N. Deerwood Dr.		Amount of Each Disbursement this Period 819.78 Transaction ID : BFEDB953176A44305996
City Brown Deer	State WI Zip Code 53209-1334	
Purpose of Disbursement Debt Repayment: Fundraiser Food & Beverage	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	946.08
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 14 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. Wisconsin Department of Revenue		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 1232.36
City Madison State WI Zip Code 53708-8902	Purpose of Disbursement Debt Repayment: State Unemployment Insurance Taxes	Transaction ID : BCEB2BCD292864B00ADC
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wisconsin Department of Revenue		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 8902		Amount of Each Disbursement this Period 240.36
City Madison State WI Zip Code 53708-8902	Purpose of Disbursement Debt Repayment: State Payroll Taxes	Transaction ID : BAD73C726EF7F490CB8A
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address PO Box 173788		Amount of Each Disbursement this Period 1634.03
City Denver State CO Zip Code 80217-3788	Purpose of Disbursement Debt Repayment: Payroll Taxes	Transaction ID : B727CBFBAA32C4878B61
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3106.75
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 15 OF 22			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. Internal Revenue Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address PO Box 173788		Amount of Each Disbursement this Period 204.33
City Denver	State CO	Zip Code 80217-3788
Purpose of Disbursement Debt Repayment: Payroll Taxes		Category/ Type 001
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Transaction ID : BEF96D9F9D1584EAD8A7

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	204.33
TOTAL This Period (last page this line number only).....	6480.34

**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 16 OF 22	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. Joe Leibham		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address PO Box 941		Amount of Each Disbursement this Period 4000.00 Transaction ID : BE4EA96EA42E94CD5B7D
City Sheboygan State WI Zip Code 53082-0941	Purpose of Disbursement Loan Repayment: Personal Loan Repayment Category/Type 009	
Candidate Name Joe Leibham	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: WI District: 06		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 22			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. Herbert Kohler, Jr.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 441 Green Tree Rd.		Amount of Each Disbursement this Period 2600.00 Transaction ID : B5ECA2DEC131C45A69BA
City Kohler State WI Zip Code 53044-1406	Purpose of Disbursement Refund: 6/18/14 General Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Daniel Merkel		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 3712 Bismarck Circle		Amount of Each Disbursement this Period 2000.00 Transaction ID : B3EFEE3DD499A47E5B2D
City Sheboygan State WI Zip Code 53083-2653	Purpose of Disbursement Refund: 5/15/14 General Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Andrew Bagnall		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 497 Oriole Lane		Amount of Each Disbursement this Period 430.00 Transaction ID : B0394AB31D0F54027B0B
City Sheboygan State WI Zip Code 53083-1487	Purpose of Disbursement Refund: 5/13/14 General Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5030.00
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 18 OF 22			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. John Topczewski		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 706 Hialeah Drive		Amount of Each Disbursement this Period 50.00 Transaction ID : BC52F8BB3672E4E3AAD6
City Racine	State WI	
Zip Code 53402-2158	Purpose of Disbursement Refund: 5/9/14 General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Lawrence Gentine		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address N9524 Winnebago Park Rd.		Amount of Each Disbursement this Period 2500.00 Transaction ID : B50604E435B7B40ED905
City Fond Du Lac	State WI	
Zip Code 54937-9393	Purpose of Disbursement Refund: 5/5/14 General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Ralph Stayer		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 906		Amount of Each Disbursement this Period 2600.00 Transaction ID : B8DB113C7C65448A0840
City Sheboygan Falls	State WI	
Zip Code 53085-0906	Purpose of Disbursement Refund: 6/30/14 General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	5150.00
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 19 OF 22			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. John Rohde		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 1435 Waveland Rd.		Amount of Each Disbursement this Period 100.00 Transaction ID : B93DE3831B63A45FA88E
City Sheboygan State WI Zip Code 53083-2230	Purpose of Disbursement Refund: 7/12/14 General Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Terry Kohler		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 897		Amount of Each Disbursement this Period 2600.00 Transaction ID : B8082A650BE664C0693C
City Sheboygan State WI Zip Code 53082-0897	Purpose of Disbursement Refund: 5/5/14 General Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Shelly Stayer		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 906		Amount of Each Disbursement this Period 2600.00 Transaction ID : B66DB1A9AD1BE40908A3
City Sheboygan Falls State WI Zip Code 53085-0906	Purpose of Disbursement Refund: 6/30/14 General Election Contribution Candidate Name Category/Type 010	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5300.00
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 20 OF 22	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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)
Leibham for Congress

Full Name (Last, First, Middle Initial) A. Kathleen Gentine		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address N9524 Winnebago Park Rd.		Amount of Each Disbursement this Period 2500.00 Transaction ID : B56CFDD3D42EF4BAE820
City Fond Du Lac	State WI	
Zip Code 54937-9393	Purpose of Disbursement Refund: 5/5/14 General Election Contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Roger Kriete		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2014
Mailing Address 4444 W. Bluemound Rd.		Amount of Each Disbursement this Period 200.00 Transaction ID : BD7D91C2FD15D424A974
City Milwaukee	State WI	
Zip Code 53208-3670	Purpose of Disbursement Refund: 10/23/14 and 10/27/14 General Election Contributions	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	18180.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Leibham for Congress** Transaction ID : **C57557715A3CC450EB74**

LOAN SOURCE Full Name (Last, First, Middle Initial) Joe Leibham	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 941		

City	State	ZIP Code
Sheboygan	WI	53082-0941

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	4000.00	6000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 06 / D 30 / Y 2014	M M / D D / Y None	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: 100%;" 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: 100%;" 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: 100%;" 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: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="6000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="6000.00"/>

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

NAME OF COMMITTEE (In Full)
Leibham for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Wisconsin Department of Revenue	Nature of Debt (Purpose): Estimated State Tax Liability
Mailing Address PO Box 8902	
City State Zip Code Madison WI 53708-8902	

Outstanding Balance Beginning This Period 1472.72	Transaction ID : D18A5F9BB57FE4CDC95E	
Amount Incurred This Period 0.00	Payment This Period 1472.72	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Internal Revenue Service	Nature of Debt (Purpose): Estimated Federal Tax Liability
Mailing Address PO Box 173788	
City State Zip Code Denver CO 80217-3788	

Outstanding Balance Beginning This Period 1838.36	Transaction ID : D0A85AED66E04467BACB	
Amount Incurred This Period 0.00	Payment This Period 1838.36	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Larry's Market	Nature of Debt (Purpose): Fundraiser Food & Beverage
Mailing Address 8737 N. Deerwood Dr.	
City State Zip Code Brown Deer WI 53209-1334	

Outstanding Balance Beginning This Period 819.78	Transaction ID : D29635F91EFB74472BDA	
Amount Incurred This Period 0.00	Payment This Period 819.78	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	