

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

Stroebel for Congress

ADDRESS (number and street)

PO Box 14

Check if different than previously reported. (ACC)

Cedarburg

WI

53012

2. FEC IDENTIFICATION NUMBER ▼

C C00561993

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 Kate Lind

Signature of Treasurer Kate Lind

[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

FEC Form 3 (Revised 02/2003)

PAGE 2 / 47

Write or Type Committee Name

Stroebel for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	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))....	26263.00	26263.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	26263.00	26263.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	191698.46	191698.46
(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)).....	191698.46	191698.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	176507.74	
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).....	341939.99	

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

Stroebel 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).....	20050.00	20050.00
(ii) Unitemized.....	6203.00	6203.00
(iii) TOTAL of contributions from individuals ▶	26253.00	26253.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	10.00	10.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	26263.00	26263.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	341939.99	341939.99
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	341939.99	341939.99
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	3.21	3.21
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	368206.20	368206.20

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	191698.46	191698.46
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	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	191698.46	191698.46

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	368206.20
25. SUBTOTAL (add Line 23 and Line 24).....	368206.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	191698.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	176507.74

**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 47
	<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)
Stroebel for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM ARPE

Mailing Address 4710 W HIGHLAND RD

City MEQUON State WI Zip Code 53092-1129

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

Name of Employer FIDUCIARY REAL ESTATE Occupation REAL ESTATE DEVELOPMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.120

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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

Mailing Address 10101 CEDAR CREEK RD

City CEDARBURG State WI Zip Code 53012-9757

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

Name of Employer SELF Occupation REAL ESTATE INVESTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.78

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES STEVEN CARY

Mailing Address P.O. BOX 226

City GRAFTON State WI Zip Code 53024-0226

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

Name of Employer CARY RENTALS Occupation REAL ESTATE RENTALS

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.28

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 6 OF 47
	<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)
Stroebel for Congress

A. Full Name (Last, First, Middle Initial)
AL COHL

Mailing Address **7818 N. BEACH DRIVE**

City **MILWAUKEE** State **WI** Zip Code **53217-2931**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11.102

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **1576 BEHRENS DR**

City **CEDARBURG** State **WI** Zip Code **53012-8852**

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

Name of Employer **ORTHOPAEDIC HOSPITAL OF WISCONSIN** Occupation **CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11.137

Amount of Each Receipt this Period
500.00
 CONTRIBUTION

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

Mailing Address **7014 N BARNETT LN**

City **MILWAUKEE** State **WI** Zip Code **53217-3605**

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

Name of Employer **THE SHORELINE COMPANY** Occupation **REAL ESTATE INVESTMENT**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11.8

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 7 OF 47
	<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)
Stroebel for Congress

A. Full Name (Last, First, Middle Initial)
WILLIAM R. CUMMINGS

Mailing Address 6732 CEDAR ST

City State Zip Code
WAUWATOSA WI 53213-3254

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

Name of Employer Occupation
REINHART BOERNER VAN DEUREN S.C. ATTORNEY

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.27

Amount of Each Receipt this Period
500.00
CONTRIBUTION

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

Mailing Address 96 LAKE ST

City State Zip Code
OSHKOSH WI 54901-5441

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.17

Amount of Each Receipt this Period
250.00
CONTRIBUTION

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

Mailing Address 9971 LAWDALE DR

City State Zip Code
CEDARBURG WI 53012-8930

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

Name of Employer Occupation
LABUDDE GROUP, INC. MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11.121

Amount of Each Receipt this Period
1000.00
CONTRIBUTION

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 8 OF 47
	<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)
StroebeI for Congress

A. Full Name (Last, First, Middle Initial)
RICHARD ERICKSON

Mailing Address 9971 LAWNDALe DR

City CEDARBURG State WI Zip Code 53012-8930

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

Name of Employer LABUDDE GROUP, INC. Occupation MANAGEMENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11.124

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOSEPH H. FALL IV

Mailing Address 3716 TREMONT CT

City MEQUON State WI Zip Code 53092-6306

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

Name of Employer SELF Occupation RESTAURANTEUR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.94

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

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

Mailing Address 772 WOLF CREEK CT

City GRAFTON State WI Zip Code 53024-2842

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

Name of Employer SHOREWEST, REALTORS Occupation REALTOR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 27 / 2014

Transaction ID : SA11.9

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

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 9 OF 47
	<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)
Stroebel for Congress

A. Full Name (Last, First, Middle Initial)
ANDREW FRIESCH

Mailing Address 1617 FOX HOLLOW LN

City CEDARBURG State WI Zip Code 53012-8863

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

Name of Employer HEARTLAND ADHESIVES LLC Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.108

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES J. GOLL

Mailing Address 32 THREE WELLS LN

City DARIEN State CT Zip Code 06820-2606

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

Name of Employer BMO CAPITAL MARKETS CORP Occupation INVESTMENT BANKER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.33

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TED GROB JR.

Mailing Address 1990 WISCONSIN AVE

City GRAFTON State WI Zip Code 53024-2601

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

Name of Employer TED GROB SALES, INC. Occupation SALES/BUSINESS OWNER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.116

Amount of Each Receipt this Period
 250.00

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 10 OF 47
	<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)
Stroebel for Congress

A. Full Name (Last, First, Middle Initial)
RANDALL GROTH

Mailing Address **W77N982 CRANES CROSSING**

City **CEDARBURG** State **WI** Zip Code **53012-8962**

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

Name of Employer **MASTER WHOLESALE** Occupation **PRESIDENT/OWNER**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

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

Transaction ID : SA11.110

Amount of Each Receipt this Period
1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JERRY K. HACKL

Mailing Address **2833 LARUE FIELD LN**

City **SUN PRAIRIE** State **WI** Zip Code **53590-9267**

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

Name of Employer **SELF** Occupation **TRUCKING**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11.76

Amount of Each Receipt this Period
250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DANIEL J. HAISLMAIER

Mailing Address **7212 N CROSSWAY RD**

City **FOX POINT** State **WI** Zip Code **53217-3519**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

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

Transaction ID : SA11.22

Amount of Each Receipt this Period
250.00
 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 11 OF 47
	<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)
Stroebel for Congress

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

Mailing Address 8610 W HAWTHORNE RD

City MEQUON State WI Zip Code 53097-2010

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.2

Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MAL D. HEPBURN

Mailing Address W62 N736 RIVEREDGE DRIVE

City CEDARBURG State WI Zip Code 53012-1337

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
2500.00

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

Transaction ID : SA11.3

Amount of Each Receipt this Period
 2500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM JOSEPH KADRICH

Mailing Address 1648 SWALLOW DR

City GRAFTON State WI Zip Code 53024-9465

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

Name of Employer MARINE BANK Occupation SVP COMMERCIAL BANKING

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.140

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

3750.00

**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 47
	<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)
Stroebel for Congress

A. Full Name (Last, First, Middle Initial)
LARRY KILDUFF

Mailing Address 2665 COUNTY RD I

City SAUKVILLE State WI Zip Code 53080-1503

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

Name of Employer JLL Occupation REAL ESTATE

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.15

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM E. LA MACCHIA

Mailing Address 6127 CEDAR SAUK RD

City SAUKVILLE State WI Zip Code 53080-2451

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

Name of Employer LA MACCHIA ENTERPRISES INC Occupation CHAIRMAN

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.21

Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

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

Mailing Address 416 CAMBRIDGE CT

City NEENAH State WI Zip Code 54956-4607

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

Name of Employer MORTON DRUG COMPANY Occupation PROFESSIONAL

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11.18

Amount of Each Receipt this Period
 250.00
 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 13 OF 47
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Stroebel for Congress

A. Full Name (Last, First, Middle Initial)
PETER KENNETH NELSON

Mailing Address 1643 SWALLOW DR

City State Zip Code
GRAFTON WI 53024-9458

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

Name of Employer Occupation
HB PERFORMANCE SYSTEMS, INC. VP OPERATIONS/COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.138

Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DANIEL O'MEARA

Mailing Address W70N385 FOX POINTE AVE

City State Zip Code
CEDARBURG WI 53012-2232

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

Name of Employer Occupation
NORTHWESTERN MUTUAL LIFE INS. CO. VICE PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.119

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

Mailing Address 313 N JOHNSON ST

City State Zip Code
PORT WASHINGTON WI 53074-1604

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

Name of Employer Occupation
SCHMIT BROS AUTO INC AUTO DEALER

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.62

Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 47
	<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)
Stroebel for Congress

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

Mailing Address 1074 ULAO PKWY

City State Zip Code
GRAFTON WI 53024-9763

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

Name of Employer Occupation
SEEK CAREERS/STAFFING, INC. CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.12

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 7016 W RIVER BIRCH DR

City State Zip Code
MEQUON WI 53092-4371

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

Name of Employer Occupation
INTEGRYS ENERGY GROUP VICE PRESIDENT AND CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11.11

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

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

Mailing Address 5108 JERSEY RIDGE RD

City State Zip Code
DAVENPORT IA 52807-3133

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

Name of Employer Occupation
SOPER LAW FIRM, PC ATTORNEY AT LAW

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11.13

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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 15 OF 47
	<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)
Stroebel for Congress

A. Full Name (Last, First, Middle Initial)
DONALD UTSCHIG

Mailing Address 3040 W WISCONSIN AVE

City State Zip Code
APPLETON WI 54914-1707

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.99

Amount of Each Receipt this Period
250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SUE M. WERNECKE

Mailing Address 12472 ROYAL LN

City State Zip Code
MEQUON WI 53092-8554

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

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

Transaction ID : SA11.29

Amount of Each Receipt this Period
300.00
CONTRIBUTION

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

Mailing Address 1277 CREEKSIDE LN

City State Zip Code
GRAFTON WI 53024-9589

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

Name of Employer Occupation
GILMAN PRECISION CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

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

Transaction ID : SA11.34

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

20050.00

**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 47
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Stroebel for Congress

A. Full Name (Last, First, Middle Initial)
S. DUANE STROEBEL JR.

Mailing Address 2428 COVERED BRIDGE RD

City SAUKVILLE State WI Zip Code 53080-2306

FEC ID number of contributing federal political committee. **C** H4WI06055

Name of Employer TERRACE REALTY Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 341949.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11.1

Amount of Each Receipt this Period
 10.00
 CONTRIBUTION

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).....

10.00

10.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 47
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Stroebel for Congress

A. Full Name (Last, First, Middle Initial)
S. DUANE STROEBEL JR.

Mailing Address 2428 COVERED BRIDGE RD

City SAUKVILLE	State WI	Zip Code 53080-2306
-------------------	-------------	------------------------

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

Name of Employer TERRACE REALTY	Occupation PRESIDENT
------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
341949.99

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

Transaction ID : SA11.144

Amount of Each Receipt this Period
75000.00

LOAN

B. Full Name (Last, First, Middle Initial)
S. DUANE STROEBEL JR.

Mailing Address 2428 COVERED BRIDGE RD

City SAUKVILLE	State WI	Zip Code 53080-2306
-------------------	-------------	------------------------

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

Name of Employer TERRACE REALTY	Occupation PRESIDENT
------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
341949.99

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

Transaction ID : SA11.145

Amount of Each Receipt this Period
141939.99

LOAN

C. Full Name (Last, First, Middle Initial)
S. DUANE STROEBEL JR.

Mailing Address 2428 COVERED BRIDGE RD

City SAUKVILLE	State WI	Zip Code 53080-2306
-------------------	-------------	------------------------

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

Name of Employer TERRACE REALTY	Occupation PRESIDENT
------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
341949.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SA11.146

Amount of Each Receipt this Period
50000.00

LOAN

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

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

266939.99

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

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

FOR LINE NUMBER: PAGE 18 OF 47
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Stroebel for Congress

A. Full Name (Last, First, Middle Initial)
S. DUANE STROEBEL JR.

Mailing Address 2428 COVERED BRIDGE RD

City SAUKVILLE State WI Zip Code 53080-2306

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

Name of Employer TERRACE REALTY Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 341949.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 10 / 2014

Transaction ID : SA11.19

Amount of Each Receipt this Period
 25000.00

LOAN

B. Full Name (Last, First, Middle Initial)
S. DUANE STROEBEL JR.

Mailing Address 2428 COVERED BRIDGE RD

City SAUKVILLE State WI Zip Code 53080-2306

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

Name of Employer TERRACE REALTY Occupation PRESIDENT

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 341949.99

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

Transaction ID : SA11.31

Amount of Each Receipt this Period
 50000.00

LOAN

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).....

75000.00

341939.99

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 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. ETHAN HOLLENBERGER		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address W61N488 WASHINGTON AVE		Amount of Each Disbursement this Period 813.41 Transaction ID : SB17.I47
City CEDARBURG State WI Zip Code 53012	Purpose of Disbursement EXPENSE REIMBURSEMENT	
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. 4IMPRINT		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 101 COMMERCE STREET		Amount of Each Disbursement this Period 204.21 Transaction ID : SB17.I68 [MEMO ITEM]
City OSHKOSH State WI Zip Code 54901	Purpose of Disbursement PRINTING	
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. MILEAGE		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address		Amount of Each Disbursement this Period 404.95 Transaction ID : SB17.I77 [MEMO ITEM]
City State Zip Code	Purpose of Disbursement MILEAGE REIMBURSEMENT	
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).....	813.41
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 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 05 / 30 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 475.36
City WASHINGTON	State DC	
Zip Code 20260	Purpose of Disbursement POSTAGE	Transaction ID : SB17.I89 [MEMO ITEM]
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. JUDI RHODES ENGELS		Date of Disbursement MM / DD / YYYY 06 / 09 / 2014
Mailing Address P.O. BOX 1264		Amount of Each Disbursement this Period 475.36
City MADISON	State WI	
Zip Code 53701	Purpose of Disbursement EXPENSE REIMBURSEMENT	Transaction ID : SB17.I35
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. INSTY PRINTS		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 5401 MONONA DRIVE		Amount of Each Disbursement this Period 279.36
City MADISON	State WI	
Zip Code 53716	Purpose of Disbursement PRINTING	Transaction ID : SB17.I71 [MEMO ITEM]
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).....	475.36
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 21 OF 47	
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2014
Mailing Address 475 L'ENFANT PLAZA SW		Amount of Each Disbursement this Period 569.99
City WASHINGTON State DC Zip Code 20260	Purpose of Disbursement POSTAGE	
Candidate Name	Category/Type	Transaction ID : SB17.I70 [MEMO ITEM]
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. DARRIN SCHMITZ		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 106 E DOTY STREET #300		Amount of Each Disbursement this Period 569.99
City MADISON State WI Zip Code 53703	Purpose of Disbursement EXPENSE REIMBURSEMENT	
Candidate Name	Category/Type	Transaction ID : SB17.I50
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. TRAVELOCITY		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 3150 SABRE DRIVE		Amount of Each Disbursement this Period 569.99
City SOUTHLAKE State TX Zip Code 76092	Purpose of Disbursement TRAVEL EXPENSE	
Candidate Name	Category/Type	Transaction ID : SB17.I69 [MEMO ITEM]
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)	569.99
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 22 OF 47	
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. ASPECT CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 8401 EXCELSIOR DRIVE #103		Amount of Each Disbursement this Period 1800.00 Transaction ID : SB17.I28
City MADISON State WI Zip Code 53717	Purpose of Disbursement COMPLIANCE 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. ASPECT CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 8401 EXCELSIOR DRIVE #103		Amount of Each Disbursement this Period 98.42 Transaction ID : SB17.I38
City MADISON State WI Zip Code 53717	Purpose of Disbursement EXPENSE REIMBURSEMENT	
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. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1593 SPRING HILL RD #400		Amount of Each Disbursement this Period 758.10 Transaction ID : SB17.I4
City VIENNA State VA Zip Code 02218	Purpose of Disbursement DATABASE SOFTWARE	
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).....	2656.52
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 23 OF 47			
	<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)
StroebeI for Congress

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 1593 SPRING HILL RD #400		Amount of Each Disbursement this Period 758.10 Transaction ID : SB17.I53
City VIENNA State VA Zip Code 02218	Purpose of Disbursement DATABASE SOFTWARE	
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. CONNECTIVIST MEDIA		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 544 E OGDEN AVE #700-161		Amount of Each Disbursement this Period 2518.63 Transaction ID : SB17.I14
City MILWAUKEE State WI Zip Code 53202	Purpose of Disbursement ONLINE SERVICE	
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. CROSS RHODES STRATEGIES		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address P.O. BOX 1264		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.I29
City MADISON State WI Zip Code 53701	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:		

SUBTOTAL of Disbursements This Page (optional).....	7276.73
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 24 OF 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial)
A. CROSS RHODES STRATEGIES

Mailing Address P.O. BOX 1264

City MADISON State WI Zip Code 53701

Purpose of Disbursement FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 15 / 2014

Amount of Each Disbursement this Period: 4000.00

Transaction ID : SB17.I44

Full Name (Last, First, Middle Initial)
B. DIGITAL EDGE OF GRAFTON

Mailing Address 1310 12TH AVENUE

City GRAFTON State WI Zip Code 53024

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 30 / 2014

Amount of Each Disbursement this Period: 362.21

Transaction ID : SB17.I15

Full Name (Last, First, Middle Initial)
C. DIGITAL EDGE OF GRAFTON

Mailing Address 1310 12TH AVENUE

City GRAFTON State WI Zip Code 53024

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 09 / 2014

Amount of Each Disbursement this Period: 482.59

Transaction ID : SB17.I30

SUBTOTAL of Disbursements This Page (optional) 4844.80

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 25 OF 47		
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. DIGITAL EDGE OF GRAFTON		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 1310 12TH AVENUE		Amount of Each Disbursement this Period 83.42
City GRAFTON State WI Zip Code 53024	Purpose of Disbursement PRINTING	
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)	Transaction ID : SB17.I45
State: District:		

Full Name (Last, First, Middle Initial) B. EGGERS IMPRINTS		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 5221 BEAVER CREEK PKWY		Amount of Each Disbursement this Period 420.00
City BROWN DEER State WI Zip Code 53223	Purpose of Disbursement PRINTING	
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)	Transaction ID : SB17.I31
State: District:		

Full Name (Last, First, Middle Initial) C. EGGERS IMPRINTS		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 5221 BEAVER CREEK PKWY		Amount of Each Disbursement this Period 350.00
City BROWN DEER State WI Zip Code 53223	Purpose of Disbursement PRINTING	
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)	Transaction ID : SB17.I8
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	853.42
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 26 OF 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. M.A.S. INDUSTRIES INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1050 PILGRIM ROAD		Amount of Each Disbursement this Period 3471.30 Transaction ID : SB17.I32
City PLYMOUTH	State WI	
Zip Code 53073	Purpose of Disbursement PRINTING	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. M.A.S. INDUSTRIES INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 1050 PILGRIM ROAD		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.I58
City PLYMOUTH	State WI	
Zip Code 53073	Purpose of Disbursement PRINTING	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. ONLINE SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 21520 W GREENFIELD AVE		Amount of Each Disbursement this Period 973.36 Transaction ID : SB17.I48
City NEW BERLIN	State WI	
Zip Code 53146	Purpose of Disbursement PRINTING	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).....	4469.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 47	
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial)
A. OPEN BOX

Mailing Address 6650 W STATE ST, UNIT D #208

City WAUWATOSA State WI Zip Code 53213

Purpose of Disbursement DIGITAL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 06 / 09 / 2014

Amount of Each Disbursement this Period: 286.57

Transaction ID : SB17.I33

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

Mailing Address 375 BISHOPS WAY

City BROOKFIELD State WI Zip Code 53005

Purpose of Disbursement PAYROLL EXPENSES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 29 / 2014

Amount of Each Disbursement this Period: 4275.95

Transaction ID : SB17.I12

Full Name (Last, First, Middle Initial)
C. ALEC J HANNA

Mailing Address W61N488 WASHINGTON AVE

City CEDARBURG State WI Zip Code 53012

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 05 / 29 / 2014

Amount of Each Disbursement this Period: 632.59

Transaction ID : SB17.I74

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) 4562.59

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 28 OF 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. ETHAN HOLLENBERGER			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address W61N488 WASHINGTON AVE			Amount of Each Disbursement this Period 1843.43
City CEDARBURG	State WI	Zip Code 53012	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.I75 [MEMO ITEM]
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. INTELEGENS CONSULTING LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PO BOX 54016			Amount of Each Disbursement this Period 1799.93
City ATLANTA	State GA	Zip Code 30308	
Purpose of Disbursement CAMPAIGN MANAGEMENT FEE		Category/ Type	Transaction ID : SB17.I76 [MEMO ITEM]
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. PAYCHEX			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 375 BISHOPS WAY			Amount of Each Disbursement this Period 100.00
City BROOKFIELD	State WI	Zip Code 53005	
Purpose of Disbursement PAYROLL PROCESSING FEE		Category/ Type	Transaction ID : SB17.I19
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)	100.00
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 29 OF 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 2436.95 Transaction ID : SB17.I20
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL TAX	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. RICARDO TAPIA		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address W61N488 WASHINGTON AVE		Amount of Each Disbursement this Period 2436.95 Transaction ID : SB17.I87 [MEMO ITEM]
City CEDARBURG	State WI	
Zip Code 53012	Purpose of Disbursement PAYROLL	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. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 1774.87 Transaction ID : SB17.I21
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL EXPENSES	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).....	4211.87
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 30 OF 47	
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 6440.72
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL EXPENSES	Transaction ID : SB17.I39
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. ALEC J HANNA		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address W61N488 WASHINGTON AVE		Amount of Each Disbursement this Period 945.11
City CEDARBURG	State WI	
Zip Code 53012	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I78
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. ETHAN HOLLENBERGER		Date of Disbursement MM / DD / YYYY 06 / 12 / 2014
Mailing Address W61N488 WASHINGTON AVE		Amount of Each Disbursement this Period 1145.63
City CEDARBURG	State WI	
Zip Code 53012	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I79
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6440.72
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 31 OF 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. ANDREW MILLS		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address 808 OREGON STREET		Amount of Each Disbursement this Period 1099.98
City OSHKOSH State WI Zip Code 54902	Purpose of Disbursement PAYROLL	
Candidate Name		Transaction ID : SB17.I81
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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. INTELEGENS CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2014
Mailing Address PO BOX 54016		Amount of Each Disbursement this Period 3250.00
City ATLANTA State GA Zip Code 30308	Purpose of Disbursement CAMPAIGN MANAGEMENT FEE	
Candidate Name		Transaction ID : SB17.I80
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:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 1451.06
City BROOKFIELD State WI Zip Code 53005	Purpose of Disbursement PAYROLL TAX	
Candidate Name		Transaction ID : SB17.I41
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1451.06
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 32 OF 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 65.00
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL PROCESSING FEE	Transaction ID : SB17.I42
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. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 6832.12
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL EXPENSES	Transaction ID : SB17.I62
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. ALEC J HANNA		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address W61N488 WASHINGTON AVE		Amount of Each Disbursement this Period 945.12
City CEDARBURG	State WI	
Zip Code 53012	Purpose of Disbursement PAYROLL	Transaction ID : SB17.I86
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).....	6897.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. ETHAN HOLLENBERGER		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address W61N488 WASHINGTON AVE		Amount of Each Disbursement this Period 1145.63
City CEDARBURG State WI Zip Code 53012	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I85 [MEMO ITEM]
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. ANDREW MILLS		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 808 OREGON STREET		Amount of Each Disbursement this Period 1346.12
City OSHKOSH State WI Zip Code 54902	Purpose of Disbursement PAYROLL	
Candidate Name	Category/Type	Transaction ID : SB17.I82 [MEMO ITEM]
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. INTELLEGENS CONSULTING LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address PO BOX 54016		Amount of Each Disbursement this Period 3250.00
City ATLANTA State GA Zip Code 30308	Purpose of Disbursement CAMPAIGN MANAGEMENT FEE	
Candidate Name	Category/Type	Transaction ID : SB17.I84 [MEMO ITEM]
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).....	0.00
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 34 OF 47			
	<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)
StroebeI for Congress

Full Name (Last, First, Middle Initial) A. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.I64
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL PROCESSING FEE	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. PAYCHEX		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 375 BISHOPS WAY		Amount of Each Disbursement this Period 1635.69 Transaction ID : SB17.I65
City BROOKFIELD	State WI	
Zip Code 53005	Purpose of Disbursement PAYROLL TAX	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. PERSUASION PARTNERS INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 106 E DOTY STREET #300		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.I16
City MADISON	State WI	
Zip Code 53703	Purpose of Disbursement ONLINE ADVERTISING	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).....	3200.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. PERSUASION PARTNERS INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 106 E DOTY STREET #300		Amount of Each Disbursement this Period 22500.00 Transaction ID : SB17.I43
City MADISON State WI Zip Code 53703	Purpose of Disbursement ONLINE ADVERTISING	
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. PERSUASION PARTNERS INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2014
Mailing Address 106 E DOTY STREET #300		Amount of Each Disbursement this Period 11250.00 Transaction ID : SB17.I49
City MADISON State WI Zip Code 53703	Purpose of Disbursement CONSULTING - STRATEGY	
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. PINNACLE LIST COMPANY		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 2800 SHIRLINGTON ROAD #970		Amount of Each Disbursement this Period 1160.00 Transaction ID : SB17.I34
City ARLINGTON State VA Zip Code 22206	Purpose of Disbursement LIST RENTAL	
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).....	34910.00
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 36 OF 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 28.75
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 28.75
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 1.44
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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).....	58.94
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 37 OF 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 89.14 Transaction ID : SB17.I22
City SAN FRANCISCO	State CA	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		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. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 14.38 Transaction ID : SB17.I23
City SAN FRANCISCO	State CA	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		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. PIRYX		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 71.88 Transaction ID : SB17.I26
City SAN FRANCISCO	State CA	
Purpose of Disbursement CREDIT CARD PROCESSING FEE		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).....	89.14
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 47	
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 05 / 15 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 77.63 Transaction ID : SB17.I3
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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. PIRYX		Date of Disbursement MM / DD / YYYY 05 / 21 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 14.38 Transaction ID : SB17.I5
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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. PIRYX		Date of Disbursement MM / DD / YYYY 06 / 16 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 5.75 Transaction ID : SB17.I52
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	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).....	77.63
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 47		
	<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)
StroebeI for Congress

Full Name (Last, First, Middle Initial) A. PIRYX		Date of Disbursement MM / DD / YYYY 06 / 25 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 5.75
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I61
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. PIRYX		Date of Disbursement MM / DD / YYYY 06 / 27 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 2.88
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I63
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. PIRYX		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 144 2ND ST. 1ST FLOOR		Amount of Each Disbursement this Period 15.82
City SAN FRANCISCO	State CA	
Zip Code 94105	Purpose of Disbursement CREDIT CARD PROCESSING FEE	Transaction ID : SB17.I66
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).....	24.45
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 40 OF 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. SPALDING GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 2306 FRANKFORT AVE			Amount of Each Disbursement this Period 290.76 Transaction ID : SB17.I7
City LOUISVILLE	State KY	Zip Code 40206	
Purpose of Disbursement PRINTING	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. STRATEGIC MEDIA PLACEMENT INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2014
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 53000.00 Transaction ID : SB17.I54
City DELAWARE	State OH	Zip Code 43015	
Purpose of Disbursement MEDIA - TV	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. STRATEGIC MEDIA PLACEMENT INC.			Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 17000.00 Transaction ID : SB17.I57
City DELAWARE	State OH	Zip Code 43015	
Purpose of Disbursement MEDIA - TV	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).....	70290.76
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 47	
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. TERRACE REALTY INC.		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address W61 N488 WASHINGTON AVE		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.I59
City CEDARBURG State WI Zip Code 53012	Purpose of Disbursement OFFICE RENT	
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. THE MAIL HAUS		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014
Mailing Address 1745 SUBURBAN DRIVE		Amount of Each Disbursement this Period 4125.00 Transaction ID : SB17.I36
City DE PERE State WI Zip Code 54115	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) C. THE STRATEGY GROUP INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address 7669 STAGERS LOOP		Amount of Each Disbursement this Period 5500.00 Transaction ID : SB17.I11
City DELAWARE State OH Zip Code 43015	Purpose of Disbursement RESEARCH 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:		

SUBTOTAL of Disbursements This Page (optional).....	10425.00
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 47			
	<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)
Stroebel for Congress

Full Name (Last, First, Middle Initial) A. THE STRATEGY GROUP INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 7669 STAGERS LOOP			Amount of Each Disbursement this Period 24880.00 Transaction ID : SB17.I13
City DELAWARE	State OH	Zip Code 43015	
Purpose of Disbursement MEDIA - RADIO		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. VILLAGE GRAPHICS PRINTING LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address P.O. BOX 505			Amount of Each Disbursement this Period 640.68 Transaction ID : SB17.I18
City HARTLAND	State WI	Zip Code 53029	
Purpose of Disbursement PRINTING		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. WEST BEND INSURANCE			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 1900 S 18TH AVE			Amount of Each Disbursement this Period 520.00 Transaction ID : SB17.I60
City WEST BEND	State WI	Zip Code 53095	
Purpose of Disbursement WORKERS COMP INSURANCE		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).....	26040.68
TOTAL This Period (last page this line number only).....	190740.42

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)
Stroebel for Congress

Transaction ID : **KML1**

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

S. DUANE STROEBEL JR.

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address

2428 COVERED BRIDGE RD

City

State

ZIP Code

SAUKVILLE

WI

53080

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

M 05 / D 13 / Y 2014

Date Due

M 01 / 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)..... ▶

50000.00

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**

NAME OF COMMITTEE (In Full) Transaction ID : KML2
Stroebel for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) S. DUANE STROEBEL JR.	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 2428 COVERED BRIDGE RD		

City	State	ZIP Code
SAUKVILLE	WI	53080

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 10 / 2014	01 / 01 / 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:
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).....	25000.00
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)
Stroebel for Congress

Transaction ID : **KML3**

LOAN SOURCE Full Name (Last, First, Middle Initial)
S. DUANE STROEBEL JR.

[PERSONAL FUNDS]

Election: 2014

Primary
 General
 Other (specify) ▼

Mailing Address
2428 COVERED BRIDGE RD

City State ZIP Code
SAUKVILLE WI 53080

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred: M 06 / D 13 / Y 2014
 Date Due: M 01 / 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)..... ▶ 50000.00

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

NAME OF COMMITTEE (In Full) **Stroebel for Congress** Transaction ID : **KML4**

LOAN SOURCE Full Name (Last, First, Middle Initial) **S. DUANE STROEBEL JR.** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
2428 COVERED BRIDGE RD

City State ZIP Code
SAUKVILLE WI 53080

Original Amount of Loan 75000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 75000.00
-------------------------------------	------------------------------------	---

TERMS

Date Incurred: M 06 / D 18 / Y 2014
Date Due: M 01 / 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)..... ▶ 75000.00

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

NAME OF COMMITTEE (In Full) **Stroebel for Congress** Transaction ID : **KML5**

LOAN SOURCE Full Name (Last, First, Middle Initial) **S. DUANE STROEBEL JR.** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
2428 COVERED BRIDGE RD

City State ZIP Code
SAUKVILLE WI 53080

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
141939.99	0.00	141939.99

TERMS

Date Incurred: M 06 / D 30 / Y 2014 Date Due: M 01 / 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).....	▶	141939.99
TOTALS This Period (last page in this line only).....	▶	341939.99

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