

**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

Wall for Congress

ADDRESS (number and street)

P.O. Box 1145

Check if different
than previously
reported. (ACC)

Green Bay

WI

54305

2. FEC IDENTIFICATION NUMBER ▼

C

C00503854

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

WI

08

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 Florence Magnuson

Signature of Treasurer

Florence Magnuson

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

05

16

2013

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)

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Write or Type Committee Name

Wall for Congress

Report Covering the Period:

From:

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

To:

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

	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))....	0.00	0.00
(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))	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1832.47	6103.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	159.39	159.39
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1673.08	5943.71
8. Cash on Hand at Close of Reporting Period (from Line 27).....	16407.48	
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)	49000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

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FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Wall for Congress

Report Covering the Period:

From:

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

To:

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

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).....

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)**15. OTHER RECEIPTS (Dividends, Interest, etc.)****16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1832.47	6103.10
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) ►	1832.47	6103.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	18080.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	159.39
25. SUBTOTAL (add Line 23 and Line 24).....	18239.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1832.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16407.48

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 7

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

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

NAME OF COMMITTEE (In Full)

Wall for Congress

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 1 ADP Blvd.

City	State	Zip Code
Roseland	NJ	07068

Purpose of Disbursement
Payroll fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2013

Amount of Each Disbursement this Period

42.40

Transaction ID : SB17.4103

B. ADP

Mailing Address 1 ADP Blvd.

City	State	Zip Code
Roseland	NJ	07068

Purpose of Disbursement
Payroll fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2013

Amount of Each Disbursement this Period

85.50

Transaction ID : SB17.4109

C. ADP

Mailing Address 1 ADP Blvd.

City	State	Zip Code
Roseland	NJ	07068

Purpose of Disbursement
Tax/financial service

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2013

Amount of Each Disbursement this Period

252.00

Transaction ID : SB17.4110

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

379.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Wall for Congress

Full Name (Last, First, Middle Initial)

A. Vertical Response

Mailing Address 50 Beale St.

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement
Blast email service

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		19		2013

Amount of Each Disbursement this Period

378.00

Transaction ID : SB17.4105

B. Vertical Response

Mailing Address 50 Beale St.

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement
Blast email service

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2013

Amount of Each Disbursement this Period

378.00

Transaction ID : SB17.4111

C. Vertical Response

Mailing Address 50 Beale St.

City	State	Zip Code
San Francisco	CA	94105

Purpose of Disbursement
Blast email service

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		19		2013

Amount of Each Disbursement this Period

378.00

Transaction ID : SB17.4115

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

1134.00

1513.90

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 7 OF 7

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4140

Wall for Congress

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

James Richard Wall Jr.

Election: 2012

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

1241 Lawe St.

City

State

ZIP Code

Green Bay

WI

54301

Original Amount of Loan

49000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

49000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
12 30 / 2011

Date Due

M M / D D / Y Y Y Y
12/31/2013

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)..... ►

49000.00

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

49000.00

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