



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		4485.41
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	27524.05									
(c) Total Receipts (from Line 19) .....	124532.82	580800.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	152056.87	585285.83								
7. Total Disbursements (from Line 31) .....	90370.45	523599.41								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	61686.42	61686.42								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	27700.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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**

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	25895.00	130800.00
(i) Itemized (use Schedule A) .....	55985.87	392255.24
(ii) Unitemized .....	81880.87	523055.24
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	39648.00	48148.00
(c) Other Political Committees (such as PACs) .....	121528.87	571203.24
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	1569.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	3003.95	8028.18
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	124532.82	580800.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	124532.82	580800.42

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	1397.39	10727.54
(ii) Non-Federal Share.....	5256.85	40356.06
(b) Other Federal Operating Expenditures.....	30822.83	158501.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	37477.07	209585.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	7000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2500.00
(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 28(a), (b), and (c)) .....	0.00	2500.00
29. Other Disbursements.....	0.00	1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	52893.38	303514.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	52893.38	303514.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	90370.45	523599.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	85113.60	483243.35

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	121528.87	571203.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	121528.87	568703.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32220.22	169229.35
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	3003.95	8028.18
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	29216.27	161201.17

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Bill Broydrick</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7	
Mailing Address 221 Bamboo Rd		Transaction ID: SA11A1.28675	
City State Zip Code West Palm Beach FL 33404	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Broydrick & Associates	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. David Cookson</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 4910 Lake Mendota Dr		Transaction ID: SA11A1.28607	
City State Zip Code Madison WI 53705	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Retired	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Peter Cooley</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7	
Mailing Address 10611 Gazebo Hill Pwky		Transaction ID: SA11A1.28608	
City State Zip Code Mequon WI 53092	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>		Contribution	
Name of Employer Self Employed	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address PO Box 1957

City State Zip Code  
Janesville WI 53547

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

Name of Employer Retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: SA11A1.28609

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Bernice De Simone

Mailing Address 6858 Pershing Blvd

City State Zip Code  
Kenosha WI 53142

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

Name of Employer N/A Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2007

Transaction ID: SA11A1.28610

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Sylvia Du bois

Mailing Address n19w26511-a Milweed Ln

City State Zip Code  
Pewaukee WI 53072

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

Name of Employer Standard Process Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2007

Transaction ID: SA11A1.28611

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address 409 W Grand Ave

City State Zip Code  
Port Washington WI 53074

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

Name of Employer Occupation  
Allied Insulation Supply Treasurer/Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2007

Transaction ID: SA11A1.28612

Amount of Each Receipt this Period  
250.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Forest County Potawatomi Community

Mailing Address PO 340

City State Zip Code  
Crandon WI 54520

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2007

Transaction ID: SA11A1.28651

Amount of Each Receipt this Period  
2500.00

Contribution

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

Mailing Address W178 N6009 Prairie Sky Ct.

City State Zip Code  
Menomonee Falls WI 53051

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

Name of Employer Occupation  
Anchor Moving Systems President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2007

Transaction ID: SA11A1.28615

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Louise Googins Mailing Address 3431 Nappe Drive City Middleton State WI Zip Code 53562 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.28616 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Googins & Co. Occupation Fin Planner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Claire Greene Mailing Address 34927 Fairview Road City Oconomowoc State WI Zip Code 53066 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.28617 Amount of Each Receipt this Period 300.00 Contribution
Name of Employer N/A Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kevin Keane Mailing Address 901 Bruce Street City Sun Prairie State WI Zip Code 53590 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> SA11A1.28621 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Governors Office Occupation Communications Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address 818 Crestview Dr

City State Zip Code  
West Bend WI 53095

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

Name of Employer Retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2007

Transaction ID: SA11A1.28622

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 4129 N Port Washington Rd

City State Zip Code  
Milwaukee WI 53212

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

Name of Employer Information requested Occupation Information requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2007

Transaction ID: SA11A1.28625

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 19130 Glacier Parkway

City State Zip Code  
Brookfield WI 53045

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

Name of Employer Information requested Occupation Information requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 02 / 2007

Transaction ID: SA11A1.28626

Amount of Each Receipt this Period  
500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address PO Box 11564

City State Zip Code  
Green Bay WI 54307

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

Name of Employer Retired Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.28628

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 1409 State Road 23

City State Zip Code  
Dodgeville WI 53533

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

Name of Employer Walnut Hollow Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.28630

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 555 Main Street Ste 500

City State Zip Code  
Racine WI 53403

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

Name of Employer Nashville Predators Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.28632

Amount of Each Receipt this Period  
1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 58
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

A. Full Name (Last, First, Middle Initial) Kathy Lochner Mailing Address 1767 Rainbow City State Zip Code De Pere WI 54115 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 18 / 2007 <b>Transaction ID: SA11A1.28633</b> Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Occupation Self-employed Sales Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00		

B. Full Name (Last, First, Middle Initial) J Robert Nicholson Mailing Address 5626 Steeplechase Dr City State Zip Code Waunakee WI 53597 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 17 / 2007 <b>Transaction ID: SA11A1.28635</b> Amount of Each Receipt this Period 250.00 Contribution
Name of Employer Occupation Zimpro Inc Sales Manager Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 375.00		

C. Full Name (Last, First, Middle Initial) Colin Ott Mailing Address 3109 Christian Ave City State Zip Code Wausau WI 54401 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 03 / 2007 <b>Transaction ID: SA11A1.28636</b> Amount of Each Receipt this Period 250.00 Contribution
Name of Employer Occupation Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address 1380 W Wisconsin Ave Apt 117

City Oconomowoc State WI Zip Code 53066

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 2 / 2 0 0 7

Transaction ID: SA11A1.28637

Amount of Each Receipt this Period  
 250.00

Contribution

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

Mailing Address 633 E Walnut St

City Green Bay State WI Zip Code 54301

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

Name of Employer Information requested Occupation Information requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.28638

Amount of Each Receipt this Period  
 345.00

Contribution

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

Mailing Address PO Box 185

City Oostburg State WI Zip Code 53070

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

Name of Employer Richardson Brothers Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 8 / 2 0 0 7

Transaction ID: SA11A1.28640

Amount of Each Receipt this Period  
 1000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1595.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address PO Box 1564

City State Zip Code  
Green Bay WI 54305

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

Name of Employer Self Employed Occupation  
Self Employed Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 23 / 2007

Transaction ID: SA11A1.28643

Amount of Each Receipt this Period  
500.00

Contribution

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

Mailing Address 1005 Russet St

City State Zip Code  
Racine WI 53405

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

Name of Employer Retired Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2007

Transaction ID: SA11A1.28644

Amount of Each Receipt this Period  
250.00

Contribution

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

Mailing Address 655 Farwell Drive

City State Zip Code  
Madison WI 53704

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

Name of Employer Self-Employed Occupation  
Self-Employed Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2007

Transaction ID: SA11A1.28647

Amount of Each Receipt this Period  
250.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 58	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

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

Mailing Address N65 W35145 Rd. J

City State Zip Code  
Oconomowoc WI 53066-1811

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

Name of Employer Occupation  
IPC, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 25 / 2007

Transaction ID: SA11A1.28648

Amount of Each Receipt this Period  
10000.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	25895.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 58
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
AT&T Wisconsin Employee PAC

Mailing Address 722 N Broadway

City State Zip Code  
Milwaukee WI 53202

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 0 7

**Transaction ID:** SA11C.28677

Amount of Each Receipt this Period  
500.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
BARBOUR GRIFFITH AND ROGERS PAC

Mailing Address 1275 PENNSYLVANIA AVE NW 10TH FLR

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00359588

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2398.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 2 / 2 0 0 7

**Transaction ID:** SA11C.29251

Amount of Each Receipt this Period  
2398.00

In-kind - Reception costs not FEA

**C.** Full Name (Last, First, Middle Initial)  
CENTURY TELEPHONE ENTERPRISES, INC FEDERAL POLITICAL ACTION COMMITTEE (CENTURY TEL)

Mailing Address 100 CENTURY PARK DRIVE

City State Zip Code  
MONROE LA 71203

FEC ID number of contributing federal political committee. **C** C00225524

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 7

**Transaction ID:** SA11C.28649

Amount of Each Receipt this Period  
2500.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5398.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 58
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. CENTURY TELEPHONE ENTERPRISES, INC FEDERAL POLITICAL ACTION COMMITTEE (CENTURY TELEPHONE ENTERPRISES, INC)</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 30 / 2007
Mailing Address 100 CENTURY PARK DRIVE		Transaction ID: SA11C.28679
City State Zip Code MONROE LA 71203	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. <b>C</b> C00225524		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2750.00	

Full Name (Last, First, Middle Initial) <b>B. GlaxoSmithKline PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 04 / 2007
Mailing Address Five Moore Drive		Transaction ID: SA11C.28662
City State Zip Code Durham NC 27709	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. HARTFORD FINANCIAL SERVICES GROUP INC ADVOCATES FUND FKA (HARTFORD ADVOCATES FUND)</b>		Date of Receipt M M / D D / Y Y Y Y Y 05 / 04 / 2007
Mailing Address HARTFORD PLAZA HARTFORD PLAZA		Transaction ID: SA11C.28664
City State Zip Code HARTFORD CT 06115	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00168864		Contribution
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 58
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. JOHNSON &amp; JOHNSON POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 2 / 2 0 0 7
Mailing Address One Johnson & Johnson Plaza		Transaction ID: SA11C.28652
City State Zip Code New Brunswick NJ 08933	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00010983	Contribution	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 0 7
Mailing Address 655 15th Street NW Suite 445		Transaction ID: SA11C.28676
City State Zip Code Washington DC 20005	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00236489	Contribution	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Milwaukee Police Association</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7
Mailing Address 1840 North Farwell Avenue		Transaction ID: SA11C.28654
City State Zip Code Milwaukee WI 53202	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>	Contribution	
Name of Employer Occupation	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	8500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 58
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 720 E. Wisconsin Ave.		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
City	State	Zip Code
Milwaukee	WI	53202
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.28655
<b>C</b> C00197095		Amount of Each Receipt this Period
		5000.00
Name of Employer	Occupation	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	5000.00	

Full Name (Last, First, Middle Initial) <b>B. NRA-Political Victory Fund</b>		Date of Receipt
Mailing Address 11250 Waples Mill Road		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
City	State	Zip Code
Fairfax	VA	22030
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.28656
<b>C</b>		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

Full Name (Last, First, Middle Initial) <b>C. Operating Engineers Local 139 Federal PAC</b>		Date of Receipt
Mailing Address 4702 Biltmore Lane		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
City	State	Zip Code
Madison	WI	53718
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.28657
<b>C</b>		Amount of Each Receipt this Period
		1000.00
Name of Employer	Occupation	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 58
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) PCIPAC Mailing Address 2600 South River Road City Des Plaines State IL Zip Code 60018 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 7 <b>Transaction ID:</b> SA11C.28659 Amount of Each Receipt this Period 500.00 Contribution
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

<b>B.</b> Full Name (Last, First, Middle Initial) PEPSICO INC. CONCERNED CITIZENS FUND Mailing Address 700 Anderson Hill Road City Purchase State NY Zip Code 10577 FEC ID number of contributing federal political committee. <b>C</b> C00039321		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> SA11C.28660 Amount of Each Receipt this Period 2500.00 Contribution
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		

<b>C.</b> Full Name (Last, First, Middle Initial) PFIZER INC. PAC Mailing Address 235 EAST 42ND STREET City NEW YORK State NY Zip Code 10017 FEC ID number of contributing federal political committee. <b>C</b> C00016683		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 7 <b>Transaction ID:</b> SA11C.28661 Amount of Each Receipt this Period 5000.00 Contribution
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 58  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
TAVERN LEAGUE OF WISCONSIN INC FEDERAL PAC (WIS TAV PAC)  
 Mailing Address 2817 FISH HATCHERY ROAD  
 City State Zip Code  
 MADISON WI 53713  
 FEC ID number of contributing federal political committee. **C** C00429159  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7  
**Transaction ID:** SA11C.28673  
 Amount of Each Receipt this Period  
 2000.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
TRAVELERS COMPANIES INC. POLITICAL ACTION COMMITTEE (TPAC), THE  
 Mailing Address One Tower Square  
 City State Zip Code  
 Hartford CT 06183  
 FEC ID number of contributing federal political committee. **C** C00376376  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7  
**Transaction ID:** SA11C.28666  
 Amount of Each Receipt this Period  
 500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
WELLPOINT INC. WELLPAC  
 Mailing Address 120 Monument Circle  
 City State Zip Code  
 Indianapolis IN 46204  
 FEC ID number of contributing federal political committee. **C** C00197228  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7  
**Transaction ID:** SA11C.28681  
 Amount of Each Receipt this Period  
 3000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 58
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. WEPAC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 04 / 2007	
Mailing Address 122 C Street NW Suite 840		<b>Transaction ID: SA11C.28668</b>	
City Washington      State DC      Zip Code 20001	Amount of Each Receipt this Period 2500.00		Contribution
FEC ID number of contributing federal political committee. <b>C</b>	Contribution		
Name of Employer      Occupation	Aggregate Year-to-Date ▼ 2500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. WISCONSIN HOSPITAL ASSOCIATION INC FEDERAL PAC DBA WISCONSIN HOSPITAL ASSOC FEDERAL PAC</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2007	
Mailing Address PO BOX 259038		<b>Transaction ID: SA11C.28670</b>	
City MADISON      State WI      Zip Code 53725	Amount of Each Receipt this Period 1000.00		Contribution
FEC ID number of contributing federal political committee. <b>C</b> C00422881	Contribution		
Name of Employer      Occupation	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	39648.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 58
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Arena Communication</b>		Date of Receipt MM / DD / YYYY 05 / 14 / 2007
Mailing Address 515 South 700 East Suite 2C		<b>Transaction ID: SA15.28598</b>
City Salt Lake City	State UT	Zip Code 84102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2090.98
Name of Employer	Occupation	Reimbursement for overpmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2090.98	

Full Name (Last, First, Middle Initial) <b>B. TDS Metrocom</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2007
Mailing Address PO Box 1010		<b>Transaction ID: SA15.28595</b>
City Monroe	State WI	Zip Code 53566
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 213.92
Name of Employer	Occupation	Reimbursement for overpmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 213.92	

Full Name (Last, First, Middle Initial) <b>C. TDS Metrocom</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2007
Mailing Address PO Box 1010		<b>Transaction ID: SA15.28596</b>
City Monroe	State WI	Zip Code 53566
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 267.71
Name of Employer	Occupation	Reimbursement for overpmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.63	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2572.61
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 24 / 58	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
U.S. Postal Service

Mailing Address P.O. Box 5066

City	State	Zip Code
Milwaukee	WI	53201-5066

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

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
431.34

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	3	/	2	0	0	7

**Transaction ID:** SA15.28680

Amount of Each Receipt this Period  
431.34

Business reply mail refund

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	431.34
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3003.95

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. American Express Merchant Services</b>		<b>Transaction ID: SB21B.28510</b>	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 05 / 08 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 4.50
Purpose of Disbursement credit card processing fees		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>B. American Express Merchant Services</b>		<b>Transaction ID: SB21B.28516</b>	
Mailing Address PO Box 53852		Date of Disbursement MM / DD / YYYY 05 / 14 / 2007	
City Phoenix	State AZ	Zip Code 85072-3852	Amount of Each Disbursement this Period 39.53
Purpose of Disbursement credit card processing fees		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>C. APC</b>		<b>Transaction ID: SB21B.28496</b>	
Mailing Address 6470 East Johns Crossing Suite 100		Date of Disbursement MM / DD / YYYY 05 / 01 / 2007	
City Duluth	State GA	Zip Code 30097	Amount of Each Disbursement this Period 70.47
Purpose of Disbursement Conference calls		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>114.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. APC</b>		<b>Transaction ID:</b> SB21B.28585 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 6470 East Johns Crossing Suite 100		Amount of Each Disbursement this Period 50.62
City Duluth State GA Zip Code 30097	Purpose of Disbursement Conference calls Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Aristotle International</b>		<b>Transaction ID:</b> SB21B.28550 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 1 / 2 0 0 7
Mailing Address 50 East Street SE		Amount of Each Disbursement this Period 3250.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Software renewal Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. BARBOUR GRIFFITH AND ROGERS PAC</b>		<b>Transaction ID:</b> SB21B.29253 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 0 7
Mailing Address 1275 PENNSYLVANIA AVE NW 10TH FLR		Amount of Each Disbursement this Period 2398.00
City WASHINGTON State DC Zip Code 20004	Purpose of Disbursement In-kind - Reception costs not FEA Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5698.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Kramer Printing</b>		<b>Transaction ID:</b> SB21B.28540 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 5515 Catfish Court		Amount of Each Disbursement this Period 350.26
City Waunakee State WI Zip Code 53597	Purpose of Disbursement Business cards & letterhead	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. M&amp;I Bank of Southern Wisconsin</b>		<b>Transaction ID:</b> SB21B.28593 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 0 7
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 40.00
City Madison State WI Zip Code 53705	Purpose of Disbursement Bank fees	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. M&amp;I Bank of Southern Wisconsin</b>		<b>Transaction ID:</b> SB21B.28495 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 35.00
City Madison State WI Zip Code 53705	Purpose of Disbursement Bank fee	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	425.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. M&amp;I Bank of Southern Wisconsin</b>		<b>Transaction ID: SB21B.28515</b> Date of Disbursement 05 / 14 / 2007	
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 152.64	
City Madison State WI Zip Code 53705	Purpose of Disbursement Bank fees	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>B. M&amp;I Bank of Southern Wisconsin</b>		<b>Transaction ID: SB21B.28541</b> Date of Disbursement 05 / 15 / 2007	
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 171.38	
City Madison State WI Zip Code 53705	Purpose of Disbursement LOC Interest	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

Full Name (Last, First, Middle Initial) <b>C. M&amp;I Merchant Services</b>		<b>Transaction ID: SB21B.28511</b> Date of Disbursement 05 / 10 / 2007	
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 415.60	
City Madison State WI Zip Code 53705	Purpose of Disbursement credit card processing fees	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Candidate Name	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>739.62</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. M&amp;I Merchant Services</b>		<b>Transaction ID:</b> SB21B.28592 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 5920		Amount of Each Disbursement this Period 12.95
City Madison State WI Zip Code 53705	Purpose of Disbursement credit card processing fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Daniel Morse</b>		<b>Transaction ID:</b> SB21B.28553 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address PO Box 2644		Amount of Each Disbursement this Period 836.68
City Madison State WI Zip Code 53701	Purpose of Disbursement Expense reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Daniel Morse</b>		<b>Transaction ID:</b> SB21B.28555 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address PO Box 2644		Amount of Each Disbursement this Period 750.00
City Madison State WI Zip Code 53701	Purpose of Disbursement Expense reimbursement Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1599.63
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A. Office Max</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address 2420 East Springs Dr</p>		<p><b>Transaction ID:</b> SB21B.28501</p> <p>Date of Disbursement 05 / 01 / 2007</p>
<p>City Madison State WI Zip Code 53701</p>	<p>Purpose of Disbursement Office supplies</p>	<p>Amount of Each Disbursement this Period 502.38</p>
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>B. PostMaster</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 7005</p>		<p><b>Transaction ID:</b> SB21B.28509</p> <p>Date of Disbursement 05 / 08 / 2007</p>
<p>City Madison State WI Zip Code 53707</p>	<p>Purpose of Disbursement business reply mail postage</p>	<p>Amount of Each Disbursement this Period 1000.00</p>
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>C. Purchase Power</b></p> <p>Full Name (Last, First, Middle Initial) Mailing Address Po Box 856042</p>		<p><b>Transaction ID:</b> SB21B.28502</p> <p>Date of Disbursement 05 / 01 / 2007</p>
<p>City Louisville State KY Zip Code 40285</p>	<p>Purpose of Disbursement Postage for postage meter</p>	<p>Amount of Each Disbursement this Period 1583.79</p>
<p>Candidate Name</p>	<p>Category/Type</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>3086.17</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Purchase Power</b>		<b>Transaction ID:</b> SB21B.28544 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address Po Box 856042		Amount of Each Disbursement this Period 1000.00
City Louisville State KY Zip Code 40285	Purpose of Disbursement Postage for postage meter Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Purchase Power</b>		<b>Transaction ID:</b> SB21B.28588 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address Po Box 856042		Amount of Each Disbursement this Period 2112.32
City Louisville State KY Zip Code 40285	Purpose of Disbursement Postage for postage meter Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Unisource Direct</b>		<b>Transaction ID:</b> SB21B.28505 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 925 Harrington Drive		Amount of Each Disbursement this Period 5000.00
City Madison State WI Zip Code 53718	Purpose of Disbursement Finance mailing - not FEA Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8112.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Unisource Direct</b>		<b>Transaction ID:</b> SB21B.28507 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 925 Harrington Drive		Amount of Each Disbursement this Period 1350.00
City Madison State WI Zip Code 53718	Category/ Type	
Purpose of Disbursement Finance mailing postage - not FEA		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Unisource Direct</b>		<b>Transaction ID:</b> SB21B.28589 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 925 Harrington Drive		Amount of Each Disbursement this Period 2070.00
City Madison State WI Zip Code 53718	Category/ Type	
Purpose of Disbursement Postage for finance mailing - not FEA		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Unisource Direct</b>		<b>Transaction ID:</b> SB21B.28590 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 925 Harrington Drive		Amount of Each Disbursement this Period 7000.00
City Madison State WI Zip Code 53718	Category/ Type	
Purpose of Disbursement Finance mailings - not FEA		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

10420.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 58

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

**A.** Full Name (Last, First, Middle Initial)  
Wisc. Dept of Revenue - Sls Tax

Mailing Address PO Box 93389

City Milwaukee State WI Zip Code 53293

Purpose of Disbursement Sales/Use Tax

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: SB21B.28560

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. American Funds Service Company</b>		<b>Transaction ID: SB30B.28514</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address PO Box 6164		Amount of Each Disbursement this Period 992.34	
City Indianapolis State IN Zip Code 46206	Purpose of Disbursement employee simple IRA Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. American Funds Service Company</b>		<b>Transaction ID: SB30B.28557</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7	
Mailing Address PO Box 6164		Amount of Each Disbursement this Period 668.80	
City Indianapolis State IN Zip Code 46206	Purpose of Disbursement employee simple IRA Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Lacey Blanchar</b>		<b>Transaction ID: SB30B.28517</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 5505 Card Ave		Amount of Each Disbursement this Period 257.50	
City McFarland State WI Zip Code 53558	Purpose of Disbursement Payroll Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1918.64
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Dudley Bowlby</b>		<b>Transaction ID:</b> SB30B.28527 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 250 Femrite Drive		Amount of Each Disbursement this Period 720.82
City Madison State WI Zip Code 53716	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dudley Bowlby</b>		<b>Transaction ID:</b> SB30B.28570 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 250 Femrite Drive		Amount of Each Disbursement this Period 741.31
City Madison State WI Zip Code 53716	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Norman Dawson</b>		<b>Transaction ID:</b> SB30B.28513 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 0 7
Mailing Address PO Box 698		Amount of Each Disbursement this Period 46.98
City Wycocena State WI Zip Code 53969	Category/ Type	
Purpose of Disbursement Payroll garnishment		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1509.11
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Norman Dawson</b>		<b>Transaction ID:</b> SB30B.28556 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address PO Box 698		Amount of Each Disbursement this Period 54.92
City Wycena State WI Zip Code 53969	Purpose of Disbursement Payroll garnishment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. Dean Care</b>		<b>Transaction ID:</b> SB30B.28562 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address PO Box 88610		Amount of Each Disbursement this Period 5178.78
City Milwaukee State WI Zip Code 53288	Purpose of Disbursement Health insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. Delta Dental</b>		<b>Transaction ID:</b> SB30B.28561 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 0 / 2 0 0 7
Mailing Address PO Box 828		Amount of Each Disbursement this Period 1137.32
City Stevens Point State WI Zip Code 54481	Purpose of Disbursement Dental insurance Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6371.02
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Richard Dickie</b>		<b>Transaction ID: SB30B.28528</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 126 North Blair Street #1		Amount of Each Disbursement this Period 1125.29	
City Madison State WI Zip Code 53703	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Richard Dickie</b>		<b>Transaction ID: SB30B.28571</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 126 North Blair Street #1		Amount of Each Disbursement this Period 1109.48	
City Madison State WI Zip Code 53703	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jason Gammeter</b>		<b>Transaction ID: SB30B.28529</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 367 East Monroe St		Amount of Each Disbursement this Period 187.90	
City Wycena State WI Zip Code 53969	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2422.67
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Jason Gammeter</b> Full Name (Last, First, Middle Initial) Mailing Address 367 East Monroe St City Wycena State WI Zip Code 53969 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.28572</b> Date of Disbursement 05 / 31 / 2007 Amount of Each Disbursement this Period 219.66 Category/Type
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<b>B. Guardian</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 95101 City Chicago State IL Zip Code 60694 Purpose of Disbursement Life insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.28591</b> Date of Disbursement 05 / 31 / 2007 Amount of Each Disbursement this Period 390.65 Category/Type
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<b>C. Donna Heimbach</b> Full Name (Last, First, Middle Initial) Mailing Address 3002 Dianne Drive City Middleton State WI Zip Code 53562 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.28530</b> Date of Disbursement 05 / 15 / 2007 Amount of Each Disbursement this Period 552.50 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1162.81</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<p><b>A.</b> Full Name (Last, First, Middle Initial) Donna Heimbach</p>		<p><b>Transaction ID:</b> SB30B.28573 <b>Date of Disbursement</b> 05 / 31 / 2007</p>	
<p>Mailing Address 3002 Dianne Drive</p>		<p>Amount of Each Disbursement this Period 293.07</p>	
<p>City Middleton State WI Zip Code 53562</p>	<p>Purpose of Disbursement Payroll</p>	<p>Category/Type</p>	
<p>Candidate Name</p>	<p>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) ▼</p>		
<p>State: District:</p>	<p>Category/Type</p>		

<p><b>B.</b> Full Name (Last, First, Middle Initial) IRS</p>		<p><b>Transaction ID:</b> SB30B.28537 <b>Date of Disbursement</b> 05 / 15 / 2007</p>	
<p>Mailing Address Payment Center</p>		<p>Amount of Each Disbursement this Period 5578.86</p>	
<p>City Kansas City State MO Zip Code 64999</p>	<p>Purpose of Disbursement Payroll taxes</p>	<p>Category/Type</p>	
<p>Candidate Name</p>	<p>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) ▼</p>		
<p>State: District:</p>	<p>Category/Type</p>		

<p><b>C.</b> Full Name (Last, First, Middle Initial) IRS</p>		<p><b>Transaction ID:</b> SB30B.28580 <b>Date of Disbursement</b> 05 / 31 / 2007</p>	
<p>Mailing Address Payment Center</p>		<p>Amount of Each Disbursement this Period 5495.42</p>	
<p>City Kansas City State MO Zip Code 64999</p>	<p>Purpose of Disbursement Payroll taxes</p>	<p>Category/Type</p>	
<p>Candidate Name</p>	<p>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) ▼</p>		
<p>State: District:</p>	<p>Category/Type</p>		

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>11367.35</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Mark Jefferson</b>		<b>Transaction ID:</b> SB30B.28518 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 1678 Cottonville Avenue		Amount of Each Disbursement this Period 2146.28
City Arkdale State WI Zip Code 54613	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mark Jefferson</b>		<b>Transaction ID:</b> SB30B.28563 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1678 Cottonville Avenue		Amount of Each Disbursement this Period 2145.84
City Arkdale State WI Zip Code 54613	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Juston Johnson</b>		<b>Transaction ID:</b> SB30B.28519 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 820 Williamson Street		Amount of Each Disbursement this Period 1545.10
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5837.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Juston Johnson</b> Full Name (Last, First, Middle Initial) Mailing Address 820 Williamson Street City Madison State WI Zip Code 53703 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.28564</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7 Amount of Each Disbursement this Period 1358.68 Category/Type
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<b>B. Kyle Johnson</b> Full Name (Last, First, Middle Initial) Mailing Address 210 N Charter #504 City Madison State WI Zip Code 53715 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.28520</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 110.82 Category/Type
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<b>C. Brian Kind</b> Full Name (Last, First, Middle Initial) Mailing Address 6403 Alison Ln City Madison State WI Zip Code 53711 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.28521</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7 Amount of Each Disbursement this Period 1630.31 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3099.81</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Brian Kind</b>		<b>Transaction ID:</b> SB30B.28565 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 6403 Alison Ln		Amount of Each Disbursement this Period 1620.89
City Madison State WI Zip Code 53711	Purpose of Disbursement Payroll	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kirsten Kukowski</b>		<b>Transaction ID:</b> SB30B.28522 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 3029 Maple Valley Drive #201		Amount of Each Disbursement this Period 1153.71
City Madison State WI Zip Code 53719	Purpose of Disbursement Payroll	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kirsten Kukowski</b>		<b>Transaction ID:</b> SB30B.28566 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 3029 Maple Valley Drive #201		Amount of Each Disbursement this Period 1153.27
City Madison State WI Zip Code 53719	Purpose of Disbursement Payroll	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3927.87**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Larry Loomis</b> Full Name (Last, First, Middle Initial) Mailing Address 3157 Muir Field Road #47 City Madison State WI Zip Code 53719 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.28531</b> Date of Disbursement 05 / 15 / 2007 Amount of Each Disbursement this Period 556.02 Category/Type
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<b>B. Larry Loomis</b> Full Name (Last, First, Middle Initial) Mailing Address 3157 Muir Field Road #47 City Madison State WI Zip Code 53719 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.28574</b> Date of Disbursement 05 / 31 / 2007 Amount of Each Disbursement this Period 528.63 Category/Type
--	--	--

<b>C. Ryan Mahoney</b> Full Name (Last, First, Middle Initial) Mailing Address 7608 Hamilton Spring Rd City Bethesda State MD Zip Code 20817 Purpose of Disbursement Payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: SB30B.28523</b> Date of Disbursement 05 / 15 / 2007 Amount of Each Disbursement this Period 325.84 Category/Type
--	--	--

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1410.49
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Ryan Mahoney</b>		<b>Transaction ID:</b> SB30B.28549 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 7608 Hamilton Spring Rd		Amount of Each Disbursement this Period 327.47
City Bethesda State MD Zip Code 20817		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Kathryn Mize</b>		<b>Transaction ID:</b> SB30B.28524 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 414 N Livingston Street #2		Amount of Each Disbursement this Period 1726.70
City Madison State WI Zip Code 53703		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kathryn Mize</b>		<b>Transaction ID:</b> SB30B.28567 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 414 N Livingston Street #2		Amount of Each Disbursement this Period 1782.42
City Madison State WI Zip Code 53703		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3836.59
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A.</b> Full Name (Last, First, Middle Initial) Jeffery Noltner		<b>Transaction ID:</b> SB30B.28532 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 1543 Langley Lane		<b>Amount of Each Disbursement this Period</b> 93.45
City Madison State WI Zip Code 53718	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Jeffery Noltner		<b>Transaction ID:</b> SB30B.28575 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 1543 Langley Lane		<b>Amount of Each Disbursement this Period</b> 42.00
City Madison State WI Zip Code 53718	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Sherrie Osegard		<b>Transaction ID:</b> SB30B.28525 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 2346 Talc Trail #208		<b>Amount of Each Disbursement this Period</b> 970.77
City Madison State WI Zip Code 53719	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1106.22
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Sherrie Osegard</b>		<b>Transaction ID:</b> SB30B.28568 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 2346 Talc Trail #208		Amount of Each Disbursement this Period 970.31
City Madison State WI Zip Code 53719	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Scott Poole</b>		<b>Transaction ID:</b> SB30B.28533 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 445 West Gilman #202		Amount of Each Disbursement this Period 409.64
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Scott Poole</b>		<b>Transaction ID:</b> SB30B.28576 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 445 West Gilman #202		Amount of Each Disbursement this Period 382.18
City Madison State WI Zip Code 53703	Category/ Type	
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>1762.13</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Karoline Rezin</b>		<b>Transaction ID:</b> SB30B.28526 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 5329 Old Middleton Rd, Apt. 202		Amount of Each Disbursement this Period 565.36
City Madison State WI Zip Code 53705		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Karoline Rezin</b>		<b>Transaction ID:</b> SB30B.28569 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 5329 Old Middleton Rd, Apt. 202		Amount of Each Disbursement this Period 1061.84
City Madison State WI Zip Code 53705		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. James Sanders</b>		<b>Transaction ID:</b> SB30B.28534 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 4510 Texas Trail		Amount of Each Disbursement this Period 471.27
City Madison State WI Zip Code 53704		
Purpose of Disbursement Payroll Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2098.47
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. James Sanders</b>		<b>Transaction ID:</b> SB30B.28577 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 4510 Texas Trail		Amount of Each Disbursement this Period 405.54
City Madison State WI Zip Code 53704	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Charles Triller</b>		<b>Transaction ID:</b> SB30B.28535 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7
Mailing Address 609 East Gorham St #14		Amount of Each Disbursement this Period 634.66
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Charles Triller</b>		<b>Transaction ID:</b> SB30B.28578 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 609 East Gorham St #14		Amount of Each Disbursement this Period 662.98
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1703.18
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Joshua Wilson</b>		<b>Transaction ID: SB30B.28536</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address 641 West Main Street		Amount of Each Disbursement this Period 653.65	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Joshua Wilson</b>		<b>Transaction ID: SB30B.28579</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7	
Mailing Address 641 West Main Street		Amount of Each Disbursement this Period 518.24	
City Madison State WI Zip Code 53703	Purpose of Disbursement Payroll Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Wisc. Dept of Revenue</b>		<b>Transaction ID: SB30B.28538</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 7	
Mailing Address PO Box 93208		Amount of Each Disbursement this Period 1092.73	
City Milwaukee State WI Zip Code 53293	Purpose of Disbursement Payroll taxes Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2264.62
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 58

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Full Name (Last, First, Middle Initial) <b>A. Wisc. Dept of Revenue</b>		Transaction ID: SB30B.28581																					
Mailing Address PO Box 93208		Date of Disbursement																					
City Milwaukee State WI Zip Code 53293		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		3	1		2	0	0	7														
Purpose of Disbursement Payroll taxes		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10" style="text-align: right;">1095.18</td> </tr> </table>		1095.18																			
1095.18																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1095.18</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>52893.38</b>

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

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Transaction ID: SC/10.6376

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

M&I Bank of Southern Wisconsin

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address P.O. Box 5920

City Madison State WI ZIP Code 53705

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
110000.00	106000.00	4000.00

**TERMS**

Date Incurred: MM/YY 01/09 2002 Date Due: 04/30/08 Interest Rate: 8.25 % (apr) Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>4000.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text"/>

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

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

**LOANS**

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

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

Transaction ID: SC/10.10726

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

M&I Bank of Southern Wisconsin

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address P.O. Box 5920

City Madison State WI ZIP Code 53705

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
34000.00	10300.00	23700.00

**TERMS**

Date Incurred: MM DD YYYY 12 31 2003 Date Due: 4/30/08 Interest Rate: 8.25 % (apr) Secured:  Yes  No

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

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>23700.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>27700.00</b>

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

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> Charter Communications			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 135 South LaSalle Street Dept 8123			Allocated Activity or Event Year-To-Date 44483.15		
City	State	Zip Code	Date <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>		
Chicago	IL	60674			
Purpose of Disbursement: Cable tv			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.28497		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.30		42.49		53.79

<b>B. Full Name (Last, First, Middle Initial)</b> Earthscapes			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 683			Allocated Activity or Event Year-To-Date 44983.15		
City	State	Zip Code	Date <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>		
Marshall	WI	53559			
Purpose of Disbursement: Snow removal			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.28499		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

<b>C. Full Name (Last, First, Middle Initial)</b> Waste Management			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 9001505			Allocated Activity or Event Year-To-Date 45094.68		
City	State	Zip Code	Date <input type="text" value="05"/> / <input type="text" value="01"/> / <input type="text" value="2007"/>		
Louisville	KY	40290			
Purpose of Disbursement: Waste removal			Category/ Type		
Activity or Event Identifier: Administrative			Transaction ID: H4.28503		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.42		88.11		111.53

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
139.72		525.60		665.32

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> Token Storage			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 131			Allocated Activity or Event Year-To-Date 45604.68																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
DeForest	WI	53532	Transaction ID: H4.28504																						
Purpose of Disbursement: Storage unit rental			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.10		402.90		510.00

<b>B. Full Name (Last, First, Middle Initial)</b> GFC Leasing			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 1129			Allocated Activity or Event Year-To-Date 46154.48																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
Madison	WI	53701	Transaction ID: H4.28508																						
Purpose of Disbursement: Copier lease			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
115.46		434.34		549.80

<b>C. Full Name (Last, First, Middle Initial)</b> Gordon Flesch Company			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address PO Box 992			Allocated Activity or Event Year-To-Date 46420.03																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
Madison	WI	53701	Transaction ID: H4.28539																						
Purpose of Disbursement: Copier toner			Category/ Type																						
Activity or Event Identifier: Administrative																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.77		209.78		265.55

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
278.33		1047.02		1325.35

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
Republican Party of Wisconsin

<b>A. Full Name (Last, First, Middle Initial)</b> MG&E			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1231			Allocated Activity or Event Year-To-Date 47278.76		
City Madison	State WI	Zip Code 53701	Date <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Energy bill			Transaction ID: H4.28542		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
180.33		678.40		858.73

<b>B. Full Name (Last, First, Middle Initial)</b> Pitney Bowes Credit Corp			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 85460			Allocated Activity or Event Year-To-Date 48278.76		
City Louisville	State KY	Zip Code 40285	Date <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Postage meter lease			Transaction ID: H4.28543		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00		790.00		1000.00

<b>C. Full Name (Last, First, Middle Initial)</b> Pro One Janitorial Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1486 Kenwood Center			Allocated Activity or Event Year-To-Date 48778.76		
City Menasha	State WI	Zip Code 54952	Date <input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>		
Purpose of Disbursement: Janitorial service			Transaction ID: H4.28545		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
495.33		1863.40		2358.73

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

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

Mailing Address  
4601 Helfesen Dr

City State Zip Code  
Madison WI 53718

Purpose of Disbursement:  
Ink for printer

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

48903.78

Date 05 / 15 / 2007

Transaction ID: H4.28546

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.25		98.77		125.02

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

Mailing Address  
PO Box 1010

City State Zip Code  
Monroe WI 53566

Purpose of Disbursement:  
Phone bill

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

49754.11

Date 05 / 15 / 2007

Transaction ID: H4.28547

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
178.57		671.76		850.33

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

Mailing Address  
PO Box 9001505

City State Zip Code  
Louisville KY 40290

Purpose of Disbursement:  
waste removal

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

49864.58

Date 05 / 15 / 2007

Transaction ID: H4.28548

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.20		87.27		110.47

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
228.02		857.80		1085.82

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

Republican Party of Wisconsin

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

Mailing Address  
PO Box 608

City State Zip Code  
Lancaster WI 53813-0608

Purpose of Disbursement:  
Phone system service

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

50109.87

Date 05 / 21 / 2007

Transaction ID: H4.28551

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.51		193.78		245.29

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

Mailing Address  
PO Box 1010

City State Zip Code  
Monroe WI 53566

Purpose of Disbursement:  
Phone bill

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

50353.35

Date 05 / 31 / 2007

Transaction ID: H4.28584

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
51.13		192.35		243.48

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

Mailing Address  
PO Box 683

City State Zip Code  
Marshall WI 53559

Purpose of Disbursement:  
Snow removal

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

51083.60

Date 05 / 31 / 2007

Transaction ID: H4.28587

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
153.35		576.90		730.25

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
255.99		963.03		1219.02

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
1397.39	5256.85	6654.24

**Image# 27990819792**

Form/Schedule: **F3XA**

Transaction ID:

On 5/4/07 we deposited \$500.00 from the AT&T Wisconsin Employee PAC. Upon review, we have determined that this is STATE PAC money and should not have been deposited into our federal account. This money will be returned to AT&T Wisconsin Employee PAC & reported accordingly in our 2007 July Monthly report.

Form/Schedule: **SC/10**

Transaction ID: **SC/10.6376**

On 12/30/02, we made a \$25,000 draw on our line of credit. It is shown as an accrual under the loan payments. FEC Tech Support has advised this procedure to show a draw on the line of credit

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