



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		353297.24
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	402466.78									
(c) Total Receipts (from Line 19) .....	269983.06	1453346.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	672449.84	1806643.70								
7. Total Disbursements (from Line 31) .....	287133.41	1421327.27								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	385316.43	385316.43								
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) .....	0.00									

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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
Republican Party of Wisconsin

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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		
(i) Itemized (use Schedule A) .....	43840.00	319482.00
(ii) Unitemized .....	63302.00	647720.83
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	107142.00	967202.83
(b) Political Party Committees .....	0.00	20500.00
(c) Other Political Committees (such as PACs) .....	4290.00	98246.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	111432.00	1085948.83
12. Transfers From Affiliated/Other Party Committees .....	147129.00	349590.12
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) .....	11422.06	14807.51
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	3000.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	3000.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	269983.06	1453346.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	269983.06	1450346.46

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	2423.13	44897.18
(ii) Non-Federal Share.....	9115.60	130220.47
(b) Other Federal Operating Expenditures.....	42270.16	429256.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	53808.89	604373.93
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	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	1700.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	1800.00
29. Other Disbursements.....	0.00	0.00
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 .....	233324.52	815153.34
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	233324.52	815153.34
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	287133.41	1421327.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	278017.81	1291106.80

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	111432.00	1085948.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1800.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	111432.00	1084148.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	44693.29	474153.46
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	11422.06	14807.51
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	33271.23	459345.95

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 113  
(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"/> 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

**A.**

Full Name (Last, First, Middle Initial)  
Philip Anderson

Mailing Address 3153 230th Ave

City State Zip Code  
Clear Lake WI 54005-4521

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 ▼ 300.00

Date of Receipt MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** SA11AI.110280

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David Arend

Mailing Address 4138 S. Regal Manor Ct

City State Zip Code  
New Berlin WI 53151-9204

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Information requested  
Howard Johnson CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
09 / 29 / 2010

**Transaction ID:** SA11AI.110144

Amount of Each Receipt this Period 150.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul Aspinwall

Mailing Address 14 Quail Ridge Dr

City State Zip Code  
Madison WI 53717-1071

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 ▼ 350.00

Date of Receipt MM / DD / YYYY  
09 / 24 / 2010

**Transaction ID:** SA11AI.109569

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 350.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 113  
(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)  
Theodore Batterman  
Mailing Address 1830 Eastwood Ave  
City Janesville State WI Zip Code 53545  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Spacesave Corporation Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 09 / 09 / 2010  
Transaction ID: SA11AI.108083  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Berenz  
Mailing Address 675 Kettle Ridge  
City Colgate State WI Zip Code 53017-9105  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Unknown Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 09 / 13 / 2010  
Transaction ID: SA11AI.108429  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Joe Bichler  
Mailing Address 2692 Sunset Rd  
City Port Washington State WI Zip Code 53074-9768  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 09 / 27 / 2010  
Transaction ID: SA11AI.109703  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 8 / 113
	(check only one)	<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) Sarah Blockhus		Date of Receipt MM / DD / YYYY 09 / 27 / 2010		
	Mailing Address E2480 Quail Run Rd		<b>Transaction ID:</b> SA11AI.109702		
	City Eau Claire	State WI	Zip Code 54701	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer N/a		Occupation Retired		

<b>B.</b>	Full Name (Last, First, Middle Initial) Lewis Brooks		Date of Receipt MM / DD / YYYY 09 / 23 / 2010		
	Mailing Address 4886 Gilkeson Rd		<b>Transaction ID:</b> SA11AI.109432		
	City Waunakee	State WI	Zip Code 53597	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 250.00		
	Name of Employer Information requested		Occupation Information requested		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Allan Brotton		Date of Receipt MM / DD / YYYY 09 / 20 / 2010		
	Mailing Address 3915 N. Maryland Ave		<b>Transaction ID:</b> SA11AI.108997		
	City Milwaukee	State WI	Zip Code 53211-2463	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 400.00		
	Name of Employer Columbia Hospital		Occupation RN		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	700.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 113  
(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"/>	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)  
Mr. Robert Campbell

Mailing Address 2340 Sisson Dr

City State Zip Code  
La Crosse WI 54601-6827

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

Name of Employer Occupation  
HAB Inc. VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2010

Transaction ID: SA11AI.110655

Amount of Each Receipt this Period  
200.00

Best efforts compliance

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
James Caraway

Mailing Address 9364 N Lake Dr

City State Zip Code  
Milwaukee WI 53217-1446

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

Name of Employer Occupation  
Self Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

Transaction ID: SA11AI.109355

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Audrey Chen

Mailing Address 7707 N Brookline Dr. Apt 302

City State Zip Code  
Madison WI 53719-3526

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2010

Transaction ID: SA11AI.110658

Amount of Each Receipt this Period  
100.00

Best efforts compliance

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 113  
(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"/>	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)  
Jennifer Clements

Mailing Address 108 Main St

City State Zip Code  
Genoa WI 54632

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

Name of Employer Occupation  
Captain Hook's Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2010

**Transaction ID:** SA11AI.109539

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
Carol Cullen

Mailing Address 220 Jefferson Ave

City State Zip Code  
Janesville WI 53545-4131

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

Name of Employer Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2010

**Transaction ID:** SA11AI.109232

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Cullen

Mailing Address 220 Jefferson St

City State Zip Code  
Janesville WI 53547

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

Name of Employer Occupation  
J.P. cullen, Inc. Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2010

**Transaction ID:** SA11AI.109198

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7060.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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) Marilyn Dahl		Date of Receipt
	Mailing Address 96 Lake St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2010
	City	State	Zip Code
	Oshkosh	WI	54901-5441
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.108834
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Dee		Date of Receipt
	Mailing Address N1148 Bloomer Mill Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 03 / 2010
	City	State	Zip Code
	La Crosse	WI	54601-2103
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.107646
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) James Dorman		Date of Receipt
	Mailing Address 2710 Monterey Blvd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 08 / 2010
	City	State	Zip Code
	Brookfield	WI	53005
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.107968
Name of Employer Information Requested		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 850.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 113
	<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)  
Brian Dunsirn

Mailing Address 345 Lake Road

City State Zip Code  
Menasha WI 54952-3418

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

Name of Employer Information Requested Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

Transaction ID: SA11AI.108172

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Michael Eagan

Mailing Address W10769 Wildwood Way

City State Zip Code  
Poynette WI 53955-9473

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

Name of Employer WI Mobile Homes, Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2010

Transaction ID: SA11AI.109644

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Ellis

Mailing Address 3205 N. Marietta Avenue

City State Zip Code  
Milwaukee WI 53211

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

Name of Employer Self-Employed Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

Transaction ID: SA11AI.110102

Amount of Each Receipt this Period  
250.00

<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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 113  
(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"/>	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)  
David Everest

Mailing Address 5701 Babl Ln.

City State Zip Code  
Schofield WI 54476-1904

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

Name of Employer Information Requested Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 23 / 2010

Transaction ID: SA11AI.109457

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Patrick Fee

Mailing Address 2045 Church St

City State Zip Code  
Wauwatosa WI 53213

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

Name of Employer Foley & Lardner Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 22 / 2010

Transaction ID: SA11AI.109284

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Louis Gentine

Mailing Address 226 S Turtle Bay Road

City State Zip Code  
Elkhart Lake WI 53020

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

Name of Employer Sargento Cheese Co Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.109960

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3700.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 113  
(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)  
Kevin Goniu

Mailing Address 10609 N. Riverlake Court

City State Zip Code  
Mequon WI 53092

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

Name of Employer St. Marys Ozaukee      Occupation Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	9	/	2	0	1	0

**Transaction ID:** SA11AI.108146  
 Amount of Each Receipt this Period  
 600.00

**B.** Full Name (Last, First, Middle Initial)  
Alvin Greason

Mailing Address N8145 School Forrest Lane

City State Zip Code  
Crivitz WI 54114

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

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	2	/	2	0	1	0

**Transaction ID:** SA11AI.107568  
 Amount of Each Receipt this Period  
 100.00

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

Mailing Address 11702 W Mequon Road 112N

City State Zip Code  
Mequon WI 53097

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

Name of Employer Kromer Cap Co., Inc.      Occupation President

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	6	/	2	0	1	0

**Transaction ID:** SA11AI.108700  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►      1200.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 113  
(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)  
William Grunow

Mailing Address W355 Basswood Dr

City State Zip Code  
Lake Geneva WI 53147

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  
MM / DD / YYYY  
09 / 24 / 2010

**Transaction ID:** SA11AI.109545

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Sue Gutzdorf

Mailing Address 2811 Golden Road

City State Zip Code  
Plover WI 54467-2557

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 ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2010

**Transaction ID:** SA11AI.109784

Amount of Each Receipt this Period  
200.00

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

Mailing Address 16237 State Hwy 21

City State Zip Code  
Tomah WI 54660-8102

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

**Transaction ID:** SA11AI.108095

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 113

(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"/> 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)  
Lowell Hagen

Mailing Address W9665 Homburg Ln

City State Zip Code  
Whitewater WI 53190

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 ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.110076

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Alice Hanson

Mailing Address 948 Hanson Dr

City State Zip Code  
River Falls WI 54022-1564

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

Name of Employer Retired Farmer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 335.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

Transaction ID: SA11AI.108883

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffery Harris

Mailing Address 18235 W. Burleigh Rd

City State Zip Code  
Brookfield WI 53045-2524

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

Name of Employer Self Occupation Private Investor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.110659

Amount of Each Receipt this Period

250.00

Best efforts compliance

**[MEMO ITEM]**

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

350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 113  
(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)  
Charles Haubrich

Mailing Address 33343 Academy Road

City Burlington State WI Zip Code 53105-9614

FEC ID number of contributing federal political committee. C

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 11 / 2010  
**Transaction ID:** SA11AI.110660

Amount of Each Receipt this Period 100.00

Best efforts compliance

**[MEMO ITEM]**

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

Mailing Address 1784 Barton Ave

City West Bend State WI Zip Code 53090-5474

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 09 / 20 / 2010  
**Transaction ID:** SA11AI.108861

Amount of Each Receipt this Period 500.00

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

Mailing Address 5825 Sixth Place

City Kenosha State WI Zip Code 53144

FEC ID number of contributing federal political committee. C

Name of Employer Vesta, Inc Occupation Engineer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 29 / 2010  
**Transaction ID:** SA11AI.110179

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 113  
(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)  
Kathryn Hentzen

Mailing Address 9728 N Lake Dr

City State Zip Code  
Milwaukee WI 53217-6102

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

Name of Employer N/a Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 20 / 2010

**Transaction ID:** SA11AI.108822

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ralph Hingiss

Mailing Address 117 N 74th St

City State Zip Code  
Milwaukee WI 53213

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 ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2010

**Transaction ID:** SA11AI.109638

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Arthur Hoberg

Mailing Address 125 Cedar Ridge Dr Apt S144

City State Zip Code  
West Bend WI 53095-3682

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

Name of Employer Retired Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 09 / 24 / 2010

**Transaction ID:** SA11AI.109664

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 113
	<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 Hough

Mailing Address 1901 Ruger Ave

City Janesville State WI Zip Code 53545

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

Name of Employer Hufcour Inc Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2010  
**Transaction ID: SA11AI.109155**  
 Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Jahnke

Mailing Address 1002 Hawthorn Dr

City Waukesha State WI Zip Code 53188-2958

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 29 / 2010  
**Transaction ID: SA11AI.110174**  
 Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Lance Johnson

Mailing Address 270 N. Mill St

City Saukville State WI Zip Code 53080-1924

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

Name of Employer Johnson Centrifugal Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 24 / 2010  
**Transaction ID: SA11AI.109556**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 113  
(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)  
Charles Jordan

Mailing Address 7134 B Ida Rd Road

City State Zip Code  
Egg Harbor WI 54209

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2010

Transaction ID: SA11AI.110653

Amount of Each Receipt this Period  
100.00

Best efforts compliance

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David Jowett

Mailing Address 310 Hilltop Dr

City State Zip Code  
Green Bay WI 54301-2714

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

Name of Employer Occupation  
UW- Green Bay Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: SA11AI.110233

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
David Kachel

Mailing Address 513 W Center St

City State Zip Code  
Whitewater WI 53190

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

Name of Employer Occupation  
Self Businessman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2010

Transaction ID: SA11AI.109163

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 113  
(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)  
Mr. Jerrald Kindschi

Mailing Address S8931 U.S. Hwy 12

City State Zip Code  
Prairie Du Sac WI 53578-9723

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 27 / 2010

**Transaction ID:** SA11AI.109943

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
James Klauser

Mailing Address W281 N3416 Taylors Woods Road

City State Zip Code  
Pewaukee WI 53072

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

Name of Employer Wisconsin Electric Occupation VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 20 / 2010

**Transaction ID:** SA11AI.108948

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1711 East Fox Lane

City State Zip Code  
Milwaukee WI 53217

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

Name of Employer Ladky & Assoc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 22 / 2010

**Transaction ID:** SA11AI.109217

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 113  
(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"/> 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)  
Jeff Larson

Mailing Address PO Box 1324

City Hudson State WI Zip Code 54016

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

Name of Employer FLS Occupation Political Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 20 / 2010

Transaction ID: SA11AI.109010

Amount of Each Receipt this Period 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert Lehner

Mailing Address 3907 Lighthouse Dr

City Racine State WI Zip Code 53402-3619

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

Name of Employer Eye Clinic of Racine Occupation Ophthalmology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 22 / 2010

Transaction ID: SA11AI.109231

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Vincent Limmex

Mailing Address 4950 County Rd C

City Spring Green State WI Zip Code 53588

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

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 17 / 2010

Transaction ID: SA11AI.108794

Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6035.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 113  
(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"/>	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)  
Mr. Howard Ludwigson

Mailing Address 5537 Bayview Dr

City Eau Claire State WI Zip Code 54703-2184

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

Name of Employer Eau Claire Bd of Education Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 23 / 2010

Transaction ID: SA11AI.109498

Amount of Each Receipt this Period 70.00

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Lynch

Mailing Address 1230 E. Courtland Place

City Milwaukee State WI Zip Code 53211

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 ▼ 10000.00

Date of Receipt 09 / 14 / 2010

Transaction ID: SA11AI.108491

Amount of Each Receipt this Period 10000.00

**C.**

Full Name (Last, First, Middle Initial)  
Lura Jane Mattson

Mailing Address 15160 Marilyn Dr.

City Elm Grove State WI Zip Code 53122-1041

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

Name of Employer Information Requested Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 09 / 13 / 2010

Transaction ID: SA11AI.108416

Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 10105.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 113  
(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)  
Thomas Maxwell

Mailing Address 2917 White St

City State Zip Code  
Marinette WI 54143-1133

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

Name of Employer Occupation  
F&M Bank Banker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 16 / 2010

**Transaction ID:** SA11AI.110656

Amount of Each Receipt this Period  
100.00

Best efforts compliance

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Gerald McCarthy

Mailing Address E8776 Oakwood Pass

City State Zip Code  
New London WI 54961

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

Name of Employer Occupation  
Information requested Information requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2010

**Transaction ID:** SA11AI.109299

Amount of Each Receipt this Period  
100.00

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

Mailing Address N1329 County Rd Q

City State Zip Code  
Arlington WI 53911

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

Name of Employer Occupation  
Accelerated Genetics Genetics

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2010

**Transaction ID:** SA11AI.110657

Amount of Each Receipt this Period  
200.00

Best efforts compliance

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 113
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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)  
Marita Menard

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

Mailing Address 40 Oak Creek Trail

Transaction ID: SA11AI.107954

City Madison State WI Zip Code 53717-1510

Amount of Each Receipt this Period  
300.00

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

Name of Employer Information Requested Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Donald O'Meara

Date of Receipt  
MM / DD / YYYY  
09 / 01 / 2010

Mailing Address 1513 Bluebell Dr

Transaction ID: SA11AI.107387

City Hartford State WI Zip Code 53027-8402

Amount of Each Receipt this Period  
100.00

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

Name of Employer Self Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Richard Palmer

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2010

Mailing Address 7930 Botting Rd

Transaction ID: SA11AI.109610

City Racine State WI Zip Code 53402-9746

Amount of Each Receipt this Period  
200.00

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

Name of Employer Self Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 113
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Fred Panzer	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address W6375 Firelane 8	<b>Transaction ID:</b> SA11AI.109773
	City State Zip Code Menasha WI 54952	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Radiology Assn of Applet Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Richard Pavelski	Date of Receipt MM / DD / YYYY 09 / 20 / 2010
	Mailing Address 9390 Konkol Ln	<b>Transaction ID:</b> SA11AI.108913
	City State Zip Code Amherst Junction WI 54407-9150	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Self Farmer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Nancy Piehl	Date of Receipt MM / DD / YYYY 09 / 27 / 2010
	Mailing Address PO Box 245	<b>Transaction ID:</b> SA11AI.109792
	City State Zip Code Gays Mills WI 54631	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Information requested Information requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 113  
(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"/>	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)  
Jerry Reynolds

Mailing Address N56 W12546 Silver Spring Road

City State Zip Code  
Menomonee Falls WI 53051-6114

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

Name of Employer Self Occupation  
Excavating Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

Transaction ID: SA11AI.110185

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Janice Robbins

Mailing Address 201 Avalon Rd

City State Zip Code  
Columbus WI 53925-1807

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

Name of Employer Self Employed Occupation  
VP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

Transaction ID: SA11AI.107766

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Gordon Runnoe

Mailing Address 4322 Plantation Court

City State Zip Code  
De Pere WI 54115

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

Name of Employer The Mail Haus Occupation  
Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2010

Transaction ID: SA11AI.108808

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 28 / 113
	<input checked="" 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) Richard Rusch		Date of Receipt
	Mailing Address 2675 Buckingham Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 02 / 2010
	City	State	Zip Code
	Brookfield	WI	53045-4195
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.107474
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Regina Schaar		Date of Receipt
	Mailing Address 140 Woodland Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 01 / 2010
	City	State	Zip Code
	Lake Mills	WI	53551
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.107371
Name of Employer Information requested		Occupation Information requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Regina Schaar		Date of Receipt
	Mailing Address 140 Woodland Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 27 / 2010
	City	State	Zip Code
	Lake Mills	WI	53551
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.109888
Name of Employer Information requested		Occupation Information requested	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 295.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 113  
(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"/>	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)  
Mr. Harold Schachtner

Mailing Address 568 232nd Ave

City Somerset State WI Zip Code 54025-7330

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

Name of Employer Unknown Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 27 / 2010

Transaction ID: SA11AI.109954

Amount of Each Receipt this Period 115.00

**B.**

Full Name (Last, First, Middle Initial)  
Stuart Schlough

Mailing Address 1655 Connors Road

City Marshall State WI Zip Code 53559-9729

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 ▼ 375.00

Date of Receipt 09 / 23 / 2010

Transaction ID: SA11AI.109491

Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Richard Seaman

Mailing Address 5270 N. Maple Ln

City Nashotah State WI Zip Code 53058

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

Name of Employer N/a Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 24 / 2010

Transaction ID: SA11AI.109605

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 240.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 113  
(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)  
Dr. Larry Severeid

Mailing Address 100 6th St N. Apt 303

City State Zip Code  
La Crosse WI 54601-3796

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

Name of Employer Occupation  
Gunderson Clinic Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2010

**Transaction ID:** SA11AI.109621

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Julie Smiley

Mailing Address PO Box 71

City State Zip Code  
Baraboo WI 53913-0071

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

Name of Employer Occupation  
Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2010

**Transaction ID:** SA11AI.107821

Amount of Each Receipt this Period  
50.00

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

Mailing Address 9624 N Lamplighter Ln

City State Zip Code  
Mequon WI 53092

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

Name of Employer Occupation  
AO Smith Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2010

**Transaction ID:** SA11AI.108114

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 113  
(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"/> 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)  
Donald Spencer

Mailing Address 1604 Stardust Dr

City State Zip Code  
Waukesha WI 53186-2670

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 03 / 2010

Transaction ID: SA11AI.107650

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Gloria Stanford

Mailing Address 717 E Juniper Lane

City State Zip Code  
Milwaukee WI 53217

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

Name of Employer Occupation  
N/A Housewife

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 24 / 2010

Transaction ID: SA11AI.109588

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William Steffenhagen

Mailing Address 5372 Park Way

City State Zip Code  
Madison WI 53705-2663

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

Name of Employer Occupation  
Uw-madison Asst Dean

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 27 / 2010

Transaction ID: SA11AI.109726

Amount of Each Receipt this Period  
50.00

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

800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 113  
(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"/> 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)  
Harvey Turner

Mailing Address 2626 Cherokee Rd

City State Zip Code  
Janesville WI 53545

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

Name of Employer Self Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 08 / 2010

**Transaction ID:** SA11AI.107988

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Paul Tuttle

Mailing Address 5210 Blackstock Rd

City State Zip Code  
Sheboygan WI 53083-2207

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

Name of Employer The Sheboygan Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** SA11AI.108917

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
William Van Dongen

Mailing Address N1628 S White River

City State Zip Code  
Wautoma WI 54982

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

**Transaction ID:** SA11AI.110194

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

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

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

FOR LINE NUMBER: PAGE 33 / 113  
(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)  
Faye Waclawski

Mailing Address 1879 Shady Ln

City State Zip Code  
Grafton WI 53024-9526

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

Name of Employer Occupation  
Self - Pharmacy CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1405.00

Date of Receipt  
MM / DD / YYYY  
09 / 20 / 2010

**Transaction ID:** SA11AI.108825

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edwin Walters

Mailing Address N108w15053 Bel Aire Ln

City State Zip Code  
Germantown WI 53022-4203

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

Name of Employer Occupation  
Information Requested Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010

**Transaction ID:** SA11AI.110015

Amount of Each Receipt this Period  
70.00

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

Mailing Address PO Box 306

City State Zip Code  
Balsam Lake WI 54810-0306

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

Name of Employer Occupation  
Balsam Beach Resort Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2010

**Transaction ID:** SA11AI.110029

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **420.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 113  
(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)  
Patricia Wargula  
Mailing Address 3014 Bosshard Dr  
City Fitchburg State WI Zip Code 53711-5858  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00  
Date of Receipt 09 / 24 / 2010  
Transaction ID: SA11AI.109640  
Amount of Each Receipt this Period 75.00

**B.** Full Name (Last, First, Middle Initial)  
Lisa Weickardt  
Mailing Address 6320 N. Lake Dr.  
City Milwaukee State WI Zip Code 53217-4342  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 14 / 2010  
Transaction ID: SA11AI.110654  
Amount of Each Receipt this Period 500.00  
Best efforts compliance  
**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Betty Welsh  
Mailing Address 255 Cty Q Red Oak  
City Highland State WI Zip Code 53543  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Farmer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 09 / 07 / 2010  
Transaction ID: SA11AI.107851  
Amount of Each Receipt this Period 110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 185.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 35 / 113  
(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)  
Stephen Werner  
Mailing Address 2552 Shopiere Rd.  
City State Zip Code  
Beloit WI 53511-2365  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 09 / 22 / 2010  
Transaction ID: SA11AI.109197  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Allyn Wirth  
Mailing Address 1365 Vallie Ln  
City State Zip Code  
Mosinee WI 54455-9505  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 09 / 23 / 2010  
Transaction ID: SA11AI.109485  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
John Yadgir  
Mailing Address 3116 W Riverland Dr  
City State Zip Code  
Mequon WI 53092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Information Requested Occupation  
Milwaukee Medical Center Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 09 / 01 / 2010  
Transaction ID: SA11AI.107462  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00  
**TOTAL** This Period (last page this line number only) ..... ► 43840.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 113  
(check only one)

<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

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

**A.**

Full Name (Last, First, Middle Initial)  
EDS PAC

Mailing Address 1331 Pennsylvania Avenue, NW  
Suite 1300N

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2010

**Transaction ID:** SA11C.110337

Amount of Each Receipt this Period  
1500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
THRIVENT FINANCIAL FOR LUTHERANS-EMPLOYEE POLITICAL ACTION COMMITTEE

Mailing Address Post Office Box 1892

City Appleton State WI Zip Code 54912

FEC ID number of contributing federal political committee. **C** C00121319

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 15 / 2010

**Transaction ID:** SA11C.110303

Amount of Each Receipt this Period  
250.00

**C.**

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

Mailing Address 600 13th St. NW  
Suite 340

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2010

**Transaction ID:** SA11C.110317

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	4250.00

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

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

FOR LINE NUMBER: PAGE 37 / 113  
(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)  
REPUBLICAN NATIONAL COMMITTEE  
Mailing Address 310 FIRST STREET SE  
City WASHINGTON State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00003418  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205609.12  
Date of Receipt 09 / 01 / 2010  
Transaction ID: SA12.107337  
Amount of Each Receipt this Period 3148.00  
In-kind - Phone/Computer Equipment

**B.** Full Name (Last, First, Middle Initial)  
REPUBLICAN NATIONAL COMMITTEE  
Mailing Address 310 FIRST STREET SE  
City WASHINGTON State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00003418  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 257609.12  
Date of Receipt 09 / 14 / 2010  
Transaction ID: SA12.107340  
Amount of Each Receipt this Period 52000.00  
Transfer

**C.** Full Name (Last, First, Middle Initial)  
REPUBLICAN NATIONAL COMMITTEE  
Mailing Address 310 FIRST STREET SE  
City WASHINGTON State DC Zip Code 20003  
FEC ID number of contributing federal political committee. **C** C00003418  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 264885.12  
Date of Receipt 09 / 22 / 2010  
Transaction ID: SA12.107335  
Amount of Each Receipt this Period 7276.00  
In-kind - Computer equipment

**SUBTOTAL** of Receipts This Page (optional) ..... ► 62424.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 / 113
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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) REPUBLICAN NATIONAL COMMITTEE		Date of Receipt
	Mailing Address 310 FIRST STREET SE		<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	WASHINGTON	DC	20003
	FEC ID number of contributing federal political committee.		Transaction ID: SA12.107341
	<input type="text" value="C00003418"/>		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text" value="84705.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transfer	
Aggregate Year-to-Date ▼		<input type="text" value="349590.12"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="84705.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="147129.00"/>

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

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

FOR LINE NUMBER: PAGE 39 / 113  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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

**A.** Full Name (Last, First, Middle Initial)  
National Right to Life  
Mailing Address 512 Tenth Street, N.W.  
City Washington State DC Zip Code 20004-1401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4000.00  
Date of Receipt 09 / 28 / 2010  
Transaction ID: SA15.110329  
Amount of Each Receipt this Period 4000.00  
Reimbursement for lists

**B.** Full Name (Last, First, Middle Initial)  
Runner Media LLC  
Mailing Address P.O. Box 219  
City Milwaukee State WI Zip Code 53201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4000.00  
Date of Receipt 09 / 28 / 2010  
Transaction ID: SA15.110327  
Amount of Each Receipt this Period 4000.00  
Reimbursement for lists

**C.** Full Name (Last, First, Middle Initial)  
United States Postal Services  
Mailing Address PO Box 5066  
City Milwaukee State WI Zip Code 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 ▼ 744.00  
Date of Receipt 09 / 17 / 2010  
Transaction ID: SA15.110334  
Amount of Each Receipt this Period 744.00  
BRM Reimbursement

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8744.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 113

(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)  
United States Postal Services

Mailing Address PO 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 ▼  
1289.56

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

Transaction ID: SA15.110333

Amount of Each Receipt this Period

545.56
--------

BRM Reimbursement

**B.**

Full Name (Last, First, Middle Initial)  
West Bend Mutual Insurance

Mailing Address 1900 South 18th Ave

City State Zip Code  
West Bend WI 53095

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2092.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	0

Transaction ID: SA15.110331

Amount of Each Receipt this Period

2092.00
---------

Reimbursement

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

2637.56
---------

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

11381.56
----------

# 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

**A.** Full Name (Last, First, Middle Initial)  
American Express Merchant Services

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
cc processing fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.110359  
Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

22.76

**B.** Full Name (Last, First, Middle Initial)  
Aspect Consulting LLC

Mailing Address 3103 Susan Ct

City Cross Plains State WI Zip Code 53528

Purpose of Disbursement  
Compliance consulting

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.110430  
Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

2250.00

**C.** Full Name (Last, First, Middle Initial)  
Blackwolf Run Restaurant

Mailing Address 1111 W Riverside Dr

City Kohler State WI Zip Code 53044

Purpose of Disbursement  
9/30 CC Pmt: Meeting expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.111754  
Date of Disbursement

07 / 17 / 2010

Amount of Each Disbursement this Period

696.39

[MEMO ITEM]

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

2272.76

**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 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Brown County Fair  Mailing Address PO Box 5284  City De Pere State WI Zip Code 54115  Purpose of Disbursement 9/29 Smalley Reimb: Event ticket 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) ▼	Transaction ID: SB21B.110669 Date of Disbursement 08 / 17 / 2010  Amount of Each Disbursement this Period 15.00  <b>[MEMO ITEM]</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Buffalo Wild Wings  Mailing Address 6227 McKee Rd  City Fitchburg State WI Zip Code 53719  Purpose of Disbursement 9/1 Lee reimbursement: Volunteer food 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) ▼	Transaction ID: SB21B.110664 Date of Disbursement 08 / 21 / 2010  Amount of Each Disbursement this Period 81.37  <b>[MEMO ITEM]</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Campaign Now  Mailing Address 1126 S 70th St  City Milwaukee State WI Zip Code 53214  Purpose of Disbursement VolP 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) ▼	Transaction ID: SB21B.110536 Date of Disbursement 09 / 03 / 2010  Amount of Each Disbursement this Period 1275.00

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

1275.00

**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)

<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.</b></p> <p>Full Name (Last, First, Middle Initial) Century Link</p> <p>Mailing Address PO Box 4300</p> <p>City Carol Stream State IL Zip Code 60197</p> <p>Purpose of Disbursement Phones</p> <p>Candidate Name</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>Transaction ID:</b> SB21B.110509</p> <p>Date of Disbursement 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1082.63</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) City of Stevens Point</p> <p>Mailing Address 1515 Strong's Ave</p> <p>City Stevens Point State WI Zip Code 54481</p> <p>Purpose of Disbursement Open records request</p> <p>Candidate Name</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>Transaction ID:</b> SB21B.110355</p> <p>Date of Disbursement 09 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 508.70</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Copps Food Center</p> <p>Mailing Address 3650 University Ave</p> <p>City Madison State WI Zip Code 53705</p> <p>Purpose of Disbursement 9/1 Lee reimbursement: Volunteer food</p> <p>Candidate Name</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>Transaction ID:</b> SB21B.110661</p> <p>Date of Disbursement 08 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 60.07</p> <p><b>[MEMO ITEM]</b></p>

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

1591.33

**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 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) Andrew Davis	Transaction ID: SB21B.110646 Date of Disbursement 09 / 29 / 2010
	Mailing Address 2525 S Shore Dr	
	City Milwaukee State WI Zip Code 53207-0000	Amount of Each Disbursement this Period 267.56
	Purpose of Disbursement Expense reimbursement 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.	Full Name (Last, First, Middle Initial) Nicholas DeJong	Transaction ID: SB21B.110647 Date of Disbursement 09 / 29 / 2010
	Mailing Address 116 Damon Circle Unit L	
	City Panama City Beach State FL Zip Code 32407	Amount of Each Disbursement this Period 194.65
	Purpose of Disbursement Expense reimbursement 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) ▼

C.	Full Name (Last, First, Middle Initial) Domain Hosting Services	Transaction ID: SB21B.111758 Date of Disbursement 07 / 27 / 2010
	Mailing Address 900 W Grove Pkwy	
	City Tempe State AZ Zip Code 85283	Amount of Each Disbursement this Period 79.99
	Purpose of Disbursement 9/30 CC Pmt: domain hosting 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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	462.21
<b>TOTAL</b> This Period (last page this line number only) .....	

A. Form/Schedule : **SB21B**

9/29 Davis Reimbursement includes \$241.20 for mileage

Transaction ID : **SB21B.110646**

# 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

A.	Full Name (Last, First, Middle Initial) eDonation  Mailing Address 118 North Saint Asaph St.  City Alexandria State VA Zip Code 22314-0000 Purpose of Disbursement cc processing fee 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) ▼	Transaction ID: SB21B.110353 Date of Disbursement 09 / 09 / 2010  Amount of Each Disbursement this Period 4.80  Category/Type
B.	Full Name (Last, First, Middle Initial) Facebook Advertising  Mailing Address 156 University Ave  City Palo Alto State CA Zip Code 94301 Purpose of Disbursement 9/20 CC Pmt: Facebook ad 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) ▼	Transaction ID: SB21B.111745 Date of Disbursement 08 / 10 / 2010  Amount of Each Disbursement this Period 33.50  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) Facebook Advertising  Mailing Address 156 University Ave  City Palo Alto State CA Zip Code 94301 Purpose of Disbursement 9/30 CC Pmt: Facebook ad 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) ▼	Transaction ID: SB21B.111750 Date of Disbursement 08 / 21 / 2010  Amount of Each Disbursement this Period 32.00  [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4.80
<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 47 / 113

<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) Facebook Advertising  Mailing Address 156 University Ave  City Palo Alto State CA Zip Code 94301  Purpose of Disbursement 9/30 CC Pmt: Facebook ad 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) ▼	Transaction ID: SB21B.111751 Date of Disbursement 08 / 25 / 2010  Amount of Each Disbursement this Period 33.70  [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) Fox 11  Mailing Address PO Box 19011  City Green Bay State WI Zip Code 54307  Purpose of Disbursement 9/29 Smalley Reimb: copies 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) ▼	Transaction ID: SB21B.110674 Date of Disbursement 08 / 27 / 2010  Amount of Each Disbursement this Period 1.25  [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) General Mitchell Intl Airport  Mailing Address 5300 S Howell Ave  City Milwaukee State WI Zip Code 53207  Purpose of Disbursement 9/30 CC Pmt: Travel expense 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) ▼	Transaction ID: SB21B.111761 Date of Disbursement 08 / 06 / 2010  Amount of Each Disbursement this Period 28.00  [MEMO ITEM]

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

0.00

**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)

<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) Google	Transaction ID: SB21B.111756 Date of Disbursement 07 / 19 / 2010
	Mailing Address 1600 Amphitheatre Pkwy	Amount of Each Disbursement this Period 90.88
	City Mountain View State CA Zip Code 94043	
	Purpose of Disbursement 9/30 CC Pmt: Adwords	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.111757 Date of Disbursement 07 / 20 / 2010
	Mailing Address 1600 Amphitheatre Pkwy	Amount of Each Disbursement this Period 26.08
	City Mountain View State CA Zip Code 94043	
	Purpose of Disbursement 9/30 CC Pmt: adwords	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Google	Transaction ID: SB21B.111748 Date of Disbursement 08 / 16 / 2010
	Mailing Address 1600 Amphitheatre Pkwy	Amount of Each Disbursement this Period 95.69
	City Mountain View State CA Zip Code 94043	
	Purpose of Disbursement 9/30 CC Pmt: Google adwords	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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

A.

Full Name (Last, First, Middle Initial)  
Heinzen Printing Inc.

Transaction ID: SB21B.110413  
Date of Disbursement

Mailing Address P.O. Box 267

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	0

City Marshfield State WI Zip Code 54449

Amount of Each Disbursement this Period

3113.31
---------

Purpose of Disbursement  
Letterhead/Envelope Printing

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
iContact Corporation

Transaction ID: SB21B.111759  
Date of Disbursement

Mailing Address

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

City State NC Zip Code

Amount of Each Disbursement this Period

59.20
-------

Purpose of Disbursement  
9/30 CC Pmt: email marketing

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
Kimbria Inc.

Transaction ID: SB21B.110402  
Date of Disbursement

Mailing Address 1050 E 11th St, Ste 200

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	0

City Austin State TX Zip Code 78712

Amount of Each Disbursement this Period

100.00
--------

Purpose of Disbursement  
cc processing fees

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

3213.31
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TOTAL This Period (last page this line number only) .....

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# 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.</b> Full Name (Last, First, Middle Initial) Kimbria Inc.</p> <p>Mailing Address 1050 E 11th St, Ste 200</p> <p>City Austin State TX Zip Code 78712</p> <p>Purpose of Disbursement cc processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.110403</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nicholas Lauren</p> <p>Mailing Address S8338 Oriole Dr</p> <p>City Eau Claire State WI Zip Code 54701</p> <p>Purpose of Disbursement Expense reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.110648</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="434.60"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Crystal Lee</p> <p>Mailing Address 614 Langdon Street</p> <p>City Madison State WI Zip Code 53703-1163</p> <p>Purpose of Disbursement Expense reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.110508</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="294.75"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="829.35"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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.</b> Full Name (Last, First, Middle Initial) Crystal Lee</p> <p>Mailing Address 614 Langdon Street</p> <p>City Madison State WI Zip Code 53703-1163</p> <p>Purpose of Disbursement Expense reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.110649</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 206.38</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) M&amp;I Bank</p> <p>Mailing Address 1 E Main St</p> <p>City Madison State WI Zip Code 53703-0000</p> <p>Purpose of Disbursement Bank fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.110358</p> <p>Date of Disbursement 09 / 11 / 2010</p> <p>Amount of Each Disbursement this Period 535.28</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) M&amp;I Bank</p> <p>Mailing Address 1 E Main St</p> <p>City Madison State WI Zip Code 53703-0000</p> <p>Purpose of Disbursement Bank fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.110344</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 45.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>786.66</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

A.	Full Name (Last, First, Middle Initial) M&I Bank	Transaction ID: SB21B.110503 Date of Disbursement
	Mailing Address 1 E Main St	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Madison State WI Zip Code 53703-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fee	<input type="text" value="45.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) M&I Bank	Transaction ID: SB21B.110569 Date of Disbursement
	Mailing Address 1 E Main St	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Madison State WI Zip Code 53703-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank fee	<input type="text" value="45.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) M&I Bank Credit Card Processing Center	Transaction ID: SB21B.111753 Date of Disbursement
	Mailing Address Credit Card Processing Center	<input type="text" value="07"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Milwaukee State WI Zip Code 53201	Amount of Each Disbursement this Period
	Purpose of Disbursement 9/30 CC Pmt: CC fee	<input type="text" value="90.60"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) M&I Bank Credit Card Processing Center	Transaction ID: SB21B.111752 Date of Disbursement
	Mailing Address Credit Card Processing Center	<input type="text" value="08"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Milwaukee State WI Zip Code 53201	Amount of Each Disbursement this Period
	Purpose of Disbursement 9/30 CC Pmt: CC fees	<input type="text" value="76.55"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) M&I Bank Credit Card Processing Center	Transaction ID: SB21B.110434 Date of Disbursement
	Mailing Address Credit Card Processing Center	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Milwaukee State WI Zip Code 53201	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card payment	<input type="text" value="6083.59"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.110347 Date of Disbursement
	Mailing Address PO Box 1111	<input type="text" value="09"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Madison State WI Zip Code 53701-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement cc processing fee	<input type="text" value="49.28"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6132.87"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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

A.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.110348
	Mailing Address PO Box 1111	Date of Disbursement 09 / 02 / 2010
	City Madison State WI Zip Code 53701-0000	Amount of Each Disbursement this Period 3.51
	Purpose of Disbursement cc processing fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.110357
	Mailing Address PO Box 1111	Date of Disbursement 09 / 10 / 2010
	City Madison State WI Zip Code 53701-0000	Amount of Each Disbursement this Period 643.00
	Purpose of Disbursement cc processing fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) M&I Merchant Services	Transaction ID: SB21B.110502
	Mailing Address PO Box 1111	Date of Disbursement 09 / 15 / 2010
	City Madison State WI Zip Code 53701-0000	Amount of Each Disbursement this Period 15.95
	Purpose of Disbursement cc processing fee	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>662.46</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

<b>A.</b> Full Name (Last, First, Middle Initial) M13 Graphics Mailing Address 1300 Basswood Road, Suite 100 City Schaumburg State IL Zip Code 60173 Purpose of Disbursement 9/30 CC Pmt: web design Candidate Name	Transaction ID: SB21B.111746 Date of Disbursement 08 / 10 / 2010 Amount of Each Disbursement this Period 1182.96

[MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Marriott Kansas City Mailing Address 4445 Main St City Kansas City State MO Zip Code 64105 Purpose of Disbursement 9/30 CC Pmt: Hotel room Candidate Name	Transaction ID: SB21B.111762 Date of Disbursement 08 / 07 / 2010 Amount of Each Disbursement this Period 323.80

[MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) Panera Bread - Madison Mailing Address 2960 Cahill Main City Madison State WI Zip Code 53711 Purpose of Disbursement 9/1 Lee reimbursement: Volunteer coffee Candidate Name	Transaction ID: SB21B.110666 Date of Disbursement 08 / 21 / 2010 Amount of Each Disbursement this Period 47.44

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<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 56 / 113

<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) Purchase Power	Transaction ID: SB21B.110417 Date of Disbursement
	Mailing Address Po Box 856042	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City Louisville State KY Zip Code 40285	Amount of Each Disbursement this Period
	Purpose of Disbursement Postage	<input type="text" value="3049.92"/>
	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.	Full Name (Last, First, Middle Initial) Quick Signs Inc.	Transaction ID: SB21B.110684 Date of Disbursement
	Mailing Address 525 S Military Ave	<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Green Bay State WI Zip Code 54303	Amount of Each Disbursement this Period
	Purpose of Disbursement 9/29 Smalley Reimb: banner	<input type="text" value="225.44"/>
	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) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) REPUBLICAN NATIONAL COMMITTEE	Transaction ID: SB21B.107338 Date of Disbursement
	Mailing Address 310 FIRST STREET SE	<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement In-kind - Phone/Computer Equipment	<input type="text" value="3148.00"/>
	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) .....	<input type="text" value="6197.92"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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

A.

Full Name (Last, First, Middle Initial)  
REPUBLICAN NATIONAL COMMITTEE

Transaction ID: SB21B.107336  
Date of Disbursement

Mailing Address 310 FIRST STREET SE

09 / 22 / 2010

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

7276.00

Purpose of Disbursement  
In-kind - Computer equipment  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Senate Chief Clerk's Office

Transaction ID: SB21B.110356  
Date of Disbursement

Mailing Address PO Box 7882

09 / 10 / 2010

City Madison State WI Zip Code 53707

Amount of Each Disbursement this Period

712.89

Purpose of Disbursement  
Open records request  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Nicholas Smalley

Transaction ID: SB21B.110650  
Date of Disbursement

Mailing Address 118 S Washington St

09 / 29 / 2010

City Green Bay State WI Zip Code 54301

Amount of Each Disbursement this Period

736.75

Purpose of Disbursement  
Expense reimbursement  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

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

8725.64

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

C. Form/Schedule : **SB21B**  
Transaction ID : **SB21B.110650**

9/29 Smalley Reimbursement: In addition to original vendors listed as memo entries, \$135.90 was for a mileage reimbursement.

**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 59 / 113

<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)  
Southwest Publishing & Mailing Corp

**Transaction ID:** SB21B.110354  
**Date of Disbursement**

Mailing Address 2600NW Topeka Blvd

/

City Topeka State KS Zip Code 66617

Amount of Each Disbursement this Period

Purpose of Disbursement  
Postage for finance mailing - not FEA

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**B.**

Full Name (Last, First, Middle Initial)  
Sprint

**Transaction ID:** SB21B.110679  
**Date of Disbursement**

Mailing Address PO Box 4181

/

City Carol Stream State IL Zip Code 60197

Amount of Each Disbursement this Period

Purpose of Disbursement  
9/29 Smalley Reimb: Phone equipment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)  
Sprint

**Transaction ID:** SB21B.110537  
**Date of Disbursement**

Mailing Address PO Box 4181

/

City Carol Stream State IL Zip Code 60197

Amount of Each Disbursement this Period

Purpose of Disbursement  
Cell phones

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**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 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.</b></p> <p>Full Name (Last, First, Middle Initial) Target - Green Bay</p> <p>Mailing Address</p> <p>City: Green Bay      State: WI      Zip Code: 54302</p> <p>Purpose of Disbursement 9/29 Smalley Reimb: Office supplies</p> <p>Candidate Name</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>Transaction ID:</b> SB21B.110675 <b>Date of Disbursement:</b> 09 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 2.03</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) TDS Metrocom</p> <p>Mailing Address PO Box 94510</p> <p>City: Palatine      State: IL      Zip Code: 60094-0000</p> <p>Purpose of Disbursement Office phones</p> <p>Candidate Name</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>Transaction ID:</b> SB21B.110511 <b>Date of Disbursement:</b> 09 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1020.97</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) TDS Metrocom</p> <p>Mailing Address PO Box 94510</p> <p>City: Palatine      State: IL      Zip Code: 60094-0000</p> <p>Purpose of Disbursement Office phones</p> <p>Candidate Name</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>Transaction ID:</b> SB21B.110538 <b>Date of Disbursement:</b> 09 / 06 / 2010</p> <p>Amount of Each Disbursement this Period 826.96</p>

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

1847.93

**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 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) Unisource Direct	Transaction ID: SB21B.110425 Date of Disbursement
	Mailing Address 105 E Wisconsin Ave	<input type="text" value="09"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Oconomowoc State WI Zip Code 53066-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Finance mailing - not FEA	<input type="text" value="2054.18"/>
	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.	Full Name (Last, First, Middle Initial) Wisconsin Aviation	Transaction ID: SB21B.110360 Date of Disbursement
	Mailing Address 3606 Corben Court	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Madison State WI Zip Code 53704	Amount of Each Disbursement this Period
	Purpose of Disbursement Airfare	<input type="text" value="1994.89"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Zing Media Solutions	Transaction ID: SB21B.111764 Date of Disbursement
	Mailing Address 4548 Atherton Dr. Suite 240	<input type="text" value="07"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Salt Lake City State UT Zip Code 84123	Amount of Each Disbursement this Period
	Purpose of Disbursement 9/30 CC Pmt: advertising	<input type="text" value="1273.86"/>
	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) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4049.07"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 62 / 113

<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) Zing Media Solutions			Transaction ID: SB21B.111749 Date of Disbursement																					
	Mailing Address 4548 Atherton Dr. Suite 240			<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>8</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y																
0	8		1	8		2	0	1	0																
	City Salt Lake City	State UT	Zip Code 84123	Amount of Each Disbursement this Period																					
	Purpose of Disbursement 9/30 CC Pmt: advertising			<table border="1"> <tr> <td colspan="10">609.12</td> </tr> </table>			609.12																		
609.12																									
	Candidate Name			Category/ Type																					
	Office Sought:	Disbursement For:		[MEMO ITEM]																					
	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State:      District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	41290.94

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Funds Service Company</p> <p>Mailing Address PO Box 6164</p> <p>City Indianapolis State IN Zip Code 46206</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110401</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="562.29"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Andrew Amys</p> <p>Mailing Address 8773 E. Berg Park Rd.</p> <p>City Poplar State WI Zip Code 54864-9052</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110387</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="461.75"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Andrew Amys</p> <p>Mailing Address 8773 E. Berg Park Rd.</p> <p>City Poplar State WI Zip Code 54864-9052</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110460</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="461.75"/></p>

**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

A.	Full Name (Last, First, Middle Initial) Dudley Bowlby	Transaction ID: SB30B.110373 Date of Disbursement 09 / 15 / 2010
	Mailing Address 250 Femrite Drive	Amount of Each Disbursement this Period 575.82
	City Madison State WI Zip Code 53716	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Dudley Bowlby	Transaction ID: SB30B.110447 Date of Disbursement 09 / 30 / 2010
	Mailing Address 250 Femrite Drive	Amount of Each Disbursement this Period 550.28
	City Madison State WI Zip Code 53716	
	Purpose of Disbursement Payroll	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Matthew Brabender	Transaction ID: SB30B.110374 Date of Disbursement 09 / 15 / 2010
	Mailing Address 3914 Rieder Road #1	Amount of Each Disbursement this Period 420.34
	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	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) .....	▶	1546.44
<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) Matthew Brabender</p> <p>Mailing Address 3914 Rieder Road #1</p> <p>City Madison State WI Zip Code 53704</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110448</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="454.59"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael Brickman</p> <p>Mailing Address 727 E Daisy Ln</p> <p>City Fox Point State WI Zip Code 53217</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110473</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1723.34"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Ashley M Burns</p> <p>Mailing Address 420 W Gorham St #210</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110366</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="281.68"/></p>

**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)

PAGE 66 / 113

<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) Ashley M Burns Mailing Address 420 W Gorham St #210 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) ▼	Transaction ID: SB30B.110440 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 147.76
<b>B.</b> Full Name (Last, First, Middle Initial) Century Link Mailing Address PO Box 4300 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Phones 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) ▼	Transaction ID: SB30B.110622 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 1880.76
<b>C.</b> Full Name (Last, First, Middle Initial) Century Link Mailing Address PO Box 4300 City Carol Stream State IL Zip Code 60197 Purpose of Disbursement Phones 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) ▼	Transaction ID: SB30B.110641 Date of Disbursement 09 / 29 / 2010
	Amount of Each Disbursement this Period 496.85

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2525.37</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

A.	Full Name (Last, First, Middle Initial) Charter Communications	Transaction ID: SB30B.110571
	Mailing Address PO Box 3255	Date of Disbursement 09 / 17 / 2010
	City Milwaukee State WI Zip Code 53201-0000	Amount of Each Disbursement this Period 275.31
	Purpose of Disbursement Cable	Category/Type
	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.	Full Name (Last, First, Middle Initial) Charter Communications	Transaction ID: SB30B.110642
	Mailing Address PO Box 3255	Date of Disbursement 09 / 29 / 2010
	City Milwaukee State WI Zip Code 53201-0000	Amount of Each Disbursement this Period 128.59
	Purpose of Disbursement Cable	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Molly Christianson	Transaction ID: SB30B.110365
	Mailing Address 5133 Woodfield Dr.	Date of Disbursement 09 / 15 / 2010
	City Carmel State IN Zip Code 46033	Amount of Each Disbursement this Period 881.65
	Purpose of Disbursement Payroll	Category/Type
	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>1285.55</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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Molly Christianson</p> <p>Mailing Address 5133 Woodfield Dr.</p> <p>City Carmel State IN Zip Code 46033</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110439</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="995.05"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tristan D. Cook</p> <p>Mailing Address 2623 Pennington Circle</p> <p>City Madison State WI Zip Code 53711</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110388</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1354.48"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tristan D. Cook</p> <p>Mailing Address 2623 Pennington Circle</p> <p>City Madison State WI Zip Code 53711</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110461</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="970.31"/></p>

**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

A.	Full Name (Last, First, Middle Initial) Colleen Coyle	Transaction ID: SB30B.110389 Date of Disbursement 09 / 15 / 2010
	Mailing Address 3494 Sabaka Trail	Amount of Each Disbursement this Period 1095.34
	City Verona State WI Zip Code 53573	
	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.	Full Name (Last, First, Middle Initial) Colleen Coyle	Transaction ID: SB30B.110462 Date of Disbursement 09 / 30 / 2010
	Mailing Address 3494 Sabaka Trail	Amount of Each Disbursement this Period 970.32
	City Verona State WI Zip Code 53573	
	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) ▼
C.	Full Name (Last, First, Middle Initial) Michael Dailey	Transaction ID: SB30B.110390 Date of Disbursement 09 / 15 / 2010
	Mailing Address 363 Richland Ave	Amount of Each Disbursement this Period 1109.79
	City Athens State WI Zip Code 45701	
	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) ..... ▶

3175.45

**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

A.	Full Name (Last, First, Middle Initial) Dean Care	Transaction ID: SB30B.110349 Date of Disbursement
	Mailing Address PO Box 88610	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Milwaukee State WI Zip Code 53288	Amount of Each Disbursement this Period
	Purpose of Disbursement Health insurance	<input type="text" value="3597.73"/>
	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.	Full Name (Last, First, Middle Initial) Dean Care	Transaction ID: SB30B.110431 Date of Disbursement
	Mailing Address PO Box 88610	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Milwaukee State WI Zip Code 53288	Amount of Each Disbursement this Period
	Purpose of Disbursement Health insurance	<input type="text" value="3597.73"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Nicholas DeJong	Transaction ID: SB30B.110392 Date of Disbursement
	Mailing Address 116 Damon Circle Unit L	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Panama City Beach State FL Zip Code 32407	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="1075.31"/>
	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) .....	<input type="text" value="8270.77"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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) Nicholas DeJong <hr/> Mailing Address 116 Damon Circle Unit L <hr/> City Panama City Beach State FL Zip Code 32407 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> 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:</b> SB30B.110465 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 947.51
<b>B.</b>	Full Name (Last, First, Middle Initial) Delta Dental <hr/> Mailing Address PO Box 828 <hr/> City Stevens Point State WI Zip Code 54481 <hr/> Purpose of Disbursement dental insurance Candidate Name <hr/> 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:</b> SB30B.110350 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 3 / 2 0 1 0	Amount of Each Disbursement this Period 440.97
<b>C.</b>	Full Name (Last, First, Middle Initial) Delta Dental <hr/> Mailing Address PO Box 828 <hr/> City Stevens Point State WI Zip Code 54481 <hr/> Purpose of Disbursement Dental insurance Candidate Name <hr/> 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:</b> SB30B.110432 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0	Amount of Each Disbursement this Period 440.98

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

1829.46

**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.</b>	Full Name (Last, First, Middle Initial) Thomas Dickens <hr/> Mailing Address 420 W. Gorham St <hr/> City Madison State WI Zip Code 53703-2034 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.110393 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 1152.23
<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas Dickens <hr/> Mailing Address 420 W. Gorham St <hr/> City Madison State WI Zip Code 53703-2034 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.110466 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 1083.38
<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Dickie <hr/> Mailing Address 126 North Blair Street #1 <hr/> City Madison State WI Zip Code 53703 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.110375 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 1126.02

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3361.63</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

A.

Full Name (Last, First, Middle Initial)  
Richard Dickie

Transaction ID: SB30B.110449  
Date of Disbursement

Mailing Address 126 North Blair Street #1

/  /

City Madison State WI Zip Code 53703

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Erickson Oil Products

Transaction ID: SB30B.110541  
Date of Disbursement

Mailing Address 1231 Industrial St

/  /

City Hudson State WI Zip Code 54016

Amount of Each Disbursement this Period

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Erickson Oil Products

Transaction ID: SB30B.110578  
Date of Disbursement

Mailing Address 1231 Industrial St

/  /

City Hudson State WI Zip Code 54016

Amount of Each Disbursement this Period

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**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

A.

Full Name (Last, First, Middle Initial)  
Thomas T. Evenson

Transaction ID: SB30B.110475  
Date of Disbursement

Mailing Address 6643 Parkedge Cir

/   /

City Franklin State WI Zip Code 53132

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Joe Fadness

Transaction ID: SB30B.110477  
Date of Disbursement

Mailing Address 177 W Allerton Ave

/   /

City Milwaukee State WI Zip Code 53207

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
FedEx

Transaction ID: SB30B.110627  
Date of Disbursement

Mailing Address PO Box 1140

/   /

City Memphis State TN Zip Code 38101

Amount of Each Disbursement this Period

Purpose of Disbursement  
Shipping

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

A.	Full Name (Last, First, Middle Initial) FLS Connect	Transaction ID: SB30B.110577 Date of Disbursement 09 / 20 / 2010
	Mailing Address 7300 Hudson Blvd #270	Amount of Each Disbursement this Period 5835.21
	City St. Paul State MN Zip Code 55128	
	Purpose of Disbursement Map books 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.	Full Name (Last, First, Middle Initial) Lucas Fuller	Transaction ID: SB30B.110478 Date of Disbursement 09 / 30 / 2010
	Mailing Address 2616 Frederick Ave #1	Amount of Each Disbursement this Period 1575.60
	City Milwaukee State WI Zip Code 53211	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Green Bay Broadway Development	Transaction ID: SB30B.110643 Date of Disbursement 09 / 29 / 2010
	Mailing Address 3148 Mid Valley Rd	Amount of Each Disbursement this Period 1000.00
	City De Pere State WI Zip Code 54115	
	Purpose of Disbursement Rent 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) .....	8410.81
<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 77 / 113

<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

A.	Full Name (Last, First, Middle Initial) Jennifer Grinder	Transaction ID: SB30B.110479 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1125 Wellington Dr	Amount of Each Disbursement this Period 1606.03
	City Reedsburg State WI Zip Code 53959	
	Purpose of Disbursement Payroll	Category/ Type
	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.	Full Name (Last, First, Middle Initial) Alex Hansen	Transaction ID: SB30B.110481 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1416 W State St	Amount of Each Disbursement this Period 1645.13
	City Milwaukee State WI Zip Code 53233	
	Purpose of Disbursement Payroll	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Amy Harriman	Transaction ID: SB30B.110372 Date of Disbursement 09 / 15 / 2010
	Mailing Address 544 W Main St #206	Amount of Each Disbursement this Period 404.86
	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 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) .....	▶	3656.02
<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Amy Harriman</p> <p>Mailing Address 544 W Main St #206</p> <p>City Madison State WI Zip Code 53703</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110446</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 538.86</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hatchery Hill Investment, LLC</p> <p>Mailing Address 2000 Cahill Main, Suite 216</p> <p>City Fitchburg State WI Zip Code 53711</p> <p>Purpose of Disbursement Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110644</p> <p>Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Donna Heimbach</p> <p>Mailing Address 3002 Dianne Drive</p> <p>City Middleton State WI Zip Code 53562</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110376</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 480.55</p>

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

2019.41

**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.</b> Full Name (Last, First, Middle Initial) HiLife Investments Mailing Address PO Box 999 City Stevens Point State WI Zip Code 54481 Purpose of Disbursement Office rent 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) ▼	Transaction ID: SB30B.110539 Date of Disbursement 09 / 06 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Patrick Hogan Mailing Address 2510 N 90th St City Wauwatosa State WI Zip Code 53226 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) ▼	Transaction ID: SB30B.110483 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 1684.23
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Ashley Jacobs Mailing Address 316 Winslow Adams City Madison State WI Zip Code 53716 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) ▼	Transaction ID: SB30B.110399 Date of Disbursement 09 / 15 / 2010
	Amount of Each Disbursement this Period 373.05
	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3057.28</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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ashley Jacobs</p> <p>Mailing Address 316 Winslow Adams</p> <p>City Madison State WI Zip Code 53716</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110499</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="353.39"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark Jefferson</p> <p>Mailing Address 1678 Cottonville Ave</p> <p>City Arkdale State WI Zip Code 54613-9614</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110364</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2407.90"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Jefferson</p> <p>Mailing Address 1678 Cottonville Ave</p> <p>City Arkdale State WI Zip Code 54613-9614</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110438</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2411.61"/></p>

**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

A.	Full Name (Last, First, Middle Initial) Kelley Communications	Transaction ID: SB30B.110579 Date of Disbursement 09 / 22 / 2010
	Mailing Address 537 S 72nd St	Amount of Each Disbursement this Period 266.64
	City Milwaukee State WI Zip Code 53214	
	Purpose of Disbursement Cable hook-up	Category/ Type
	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.	Full Name (Last, First, Middle Initial) Matthew Kimble	Transaction ID: SB30B.110377 Date of Disbursement 09 / 15 / 2010
	Mailing Address 402 Nichols Rd	Amount of Each Disbursement this Period 316.67
	City Monona State WI Zip Code 53716	
	Purpose of Disbursement Payroll	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Matthew Kimble	Transaction ID: SB30B.110450 Date of Disbursement 09 / 30 / 2010
	Mailing Address 402 Nichols Rd	Amount of Each Disbursement this Period 359.36
	City Monona State WI Zip Code 53716	
	Purpose of Disbursement Payroll	Category/ Type
	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) .....	942.67
<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)

<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

A.	Full Name (Last, First, Middle Initial) Brian Kind	Transaction ID: SB30B.110367
	Mailing Address 405 Doral Court	Date of Disbursement 09 / 15 / 2010
	City Waunakee State WI Zip Code 53597	Amount of Each Disbursement this Period 1645.52
	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:	

B.	Full Name (Last, First, Middle Initial) Brian Kind	Transaction ID: SB30B.110441
	Mailing Address 405 Doral Court	Date of Disbursement 09 / 30 / 2010
	City Waunakee State WI Zip Code 53597	Amount of Each Disbursement this Period 1566.99
	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:	

C.	Full Name (Last, First, Middle Initial) La Crosse County Republican Party	Transaction ID: SB30B.110645
	Mailing Address 208 S. 4th St	Date of Disbursement 09 / 29 / 2010
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period 750.00
	Purpose of Disbursement rent	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>3962.51</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></p> <p>Full Name (Last, First, Middle Initial) Nicholas Lauren</p> <p>Mailing Address S8338 Oriole Dr</p> <p>City Eau Claire State WI Zip Code 54701</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110394</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1460.24</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Nicholas Lauren</p> <p>Mailing Address S8338 Oriole Dr</p> <p>City Eau Claire State WI Zip Code 54701</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110467</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 970.32</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Crystal Lee</p> <p>Mailing Address 614 Langdon Street</p> <p>City Madison State WI Zip Code 53703-1163</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110395</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1265.06</p>

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

3695.62

**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

A.	Full Name (Last, First, Middle Initial) Crystal Lee	Transaction ID: SB30B.110468
	Mailing Address 614 Langdon Street	Date of Disbursement 09 / 30 / 2010
	City Madison State WI Zip Code 53703-1163	Amount of Each Disbursement this Period 970.32
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kimberly Liedl	Transaction ID: SB30B.110384
	Mailing Address 1101 Engelhart Dr	Date of Disbursement 09 / 15 / 2010
	City Madison State WI Zip Code 53713	Amount of Each Disbursement this Period 1642.01
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kimberly Liedl	Transaction ID: SB30B.110457
	Mailing Address 1101 Engelhart Dr	Date of Disbursement 09 / 30 / 2010
	City Madison State WI Zip Code 53713	Amount of Each Disbursement this Period 1642.01
	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
	State: District:	<input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **4254.34**

**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.</b> Full Name (Last, First, Middle Initial) Larry Loomis <hr/> Mailing Address 762 Briar Ln <hr/> City Beloit State WI Zip Code 53511-0000 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> 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:</b> SB30B.110378 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 560.82
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Larry Loomis <hr/> Mailing Address 762 Briar Ln <hr/> City Beloit State WI Zip Code 53511-0000 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> 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:</b> SB30B.110451 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 521.97
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) David Luhman <hr/> Mailing Address 338 W Wilson St <hr/> City Madison State WI Zip Code 53703-0000 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> 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:</b> SB30B.110379 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 573.71
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

1656.50

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Luhman  Mailing Address 338 W Wilson St  City Madison State WI Zip Code 53703-0000  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:</b> SB30B.110452 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period  643.38
<b>B.</b>	Full Name (Last, First, Middle Initial) Lucas Moench  Mailing Address 1022 W Johnson #602  City Madison State WI Zip Code 53715-0000  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:</b> SB30B.110400 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period  434.45
<b>C.</b>	Full Name (Last, First, Middle Initial) Lucas Moench  Mailing Address 1022 W Johnson #602  City Madison State WI Zip Code 53715-0000  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:</b> SB30B.110500 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period  377.69

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1455.52
<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.</b> Full Name (Last, First, Middle Initial) Emily J Monske <hr/> Mailing Address 228 Langdon St #8 <hr/> City Madison State WI Zip Code 53703 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> 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:</b> SB30B.110444 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 157.40
<b>B.</b> Full Name (Last, First, Middle Initial) Ashlee S Moore <hr/> Mailing Address 914 E Bay Point Rd <hr/> City Milwaukee State WI Zip Code 53217 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> 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:</b> SB30B.110485 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1614.70
<b>C.</b> Full Name (Last, First, Middle Initial) Ryan M Murray <hr/> Mailing Address 7781 Elmwood Ave #113 <hr/> City Middleton State WI Zip Code 53562 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> 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:</b> SB30B.110486 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 4099.48

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

**5871.58**

**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

<b>A.</b>	Full Name (Last, First, Middle Initial) Paychex Mailing Address 911 Panorama Tr S City Rochester State NY Zip Code 14625 Purpose of Disbursement Payroll processing fee 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) ▼	Transaction ID: SB30B.110361 Date of Disbursement 09 / 15 / 2010 Amount of Each Disbursement this Period 122.02 Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Paychex Mailing Address 911 Panorama Tr S City Rochester State NY Zip Code 14625 Purpose of Disbursement Payroll tax 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) ▼	Transaction ID: SB30B.110362 Date of Disbursement 09 / 15 / 2010 Amount of Each Disbursement this Period 12344.13 Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Paychex Mailing Address 911 Panorama Tr S City Rochester State NY Zip Code 14625 Purpose of Disbursement Unemployment tax 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) ▼	Transaction ID: SB30B.110363 Date of Disbursement 09 / 15 / 2010 Amount of Each Disbursement this Period 860.68 Category/Type

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

**13326.83**

**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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 911 Panorama Tr S</p> <p>City Rochester State NY Zip Code 14625</p> <p>Purpose of Disbursement Unemployment tax</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110435</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2378.68</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 911 Panorama Tr S</p> <p>City Rochester State NY Zip Code 14625</p> <p>Purpose of Disbursement Payroll processing fee</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110436</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 134.63</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 911 Panorama Tr S</p> <p>City Rochester State NY Zip Code 14625</p> <p>Purpose of Disbursement Payroll tax</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110437</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 27817.69</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>30331.00</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

A.	Full Name (Last, First, Middle Initial) Scott Poole	Transaction ID: SB30B.110380 Date of Disbursement 09 / 15 / 2010
	Mailing Address 1528 Sellery Street	Amount of Each Disbursement this Period 237.45
	City Middleton State WI Zip Code 53562-0000	
	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.	Full Name (Last, First, Middle Initial) Scott Poole	Transaction ID: SB30B.110453 Date of Disbursement 09 / 30 / 2010
	Mailing Address 1528 Sellery Street	Amount of Each Disbursement this Period 380.84
	City Middleton State WI Zip Code 53562-0000	
	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) ▼

C.	Full Name (Last, First, Middle Initial) Principal Financial Group	Transaction ID: SB30B.110351 Date of Disbursement 09 / 03 / 2010
	Mailing Address PO Box 10372	Amount of Each Disbursement this Period 366.65
	City Des Moines State IA Zip Code 50306	
	Purpose of Disbursement Life insurance	
	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) .....	<b>984.94</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

A.	Full Name (Last, First, Middle Initial) Principal Financial Group	Transaction ID: SB30B.110433 Date of Disbursement
	Mailing Address PO Box 10372	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Des Moines State IA Zip Code 50306	Amount of Each Disbursement this Period
	Purpose of Disbursement Life insurance	<input type="text" value="366.65"/>
	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.	Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: SB30B.110505 Date of Disbursement
	Mailing Address 277 S. Washington Street Suite 420	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Alexandria, State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Survey - Voter ID	<input type="text" value="18000.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: SB30B.110506 Date of Disbursement
	Mailing Address 277 S. Washington Street Suite 420	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Alexandria, State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Survey - Voter ID	<input type="text" value="18000.00"/>
	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) .....	<input type="text" value="36366.65"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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) Sue Quinn Mailing Address 3260 E Carrollton Dr City Oak Creek State WI Zip Code 53154 Purpose of Disbursement Rent 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:</b> SB30B.110540 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 0 6 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) Christopher Reader Mailing Address 9121 Waterside St #215 City Middleton State WI Zip Code 53562-5045 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:</b> SB30B.110488 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period 1798.89
<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel Resch Mailing Address 2 Northridge Terrace Apt C City Madison State WI Zip Code 53704 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:</b> SB30B.110381 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period 588.17

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

**3387.06**

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Daniel Resch</p> <p>Mailing Address 2 Northridge Terrace Apt C</p> <p>City Madison State WI Zip Code 53704</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110454</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="618.84"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nathaniel Ristow</p> <p>Mailing Address 7918 Harwood Ave #1</p> <p>City Wauwatosa State WI Zip Code 53213</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110489</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1183.91"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Daniel Romportl</p> <p>Mailing Address 841 Skibborean Way</p> <p>City Hartford State WI Zip Code 53027-8520</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB30B.110385</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1255.21"/></p>

**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)

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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

A.

Full Name (Last, First, Middle Initial)  
Daniel Romportl

Transaction ID: SB30B.110458  
Date of Disbursement

Mailing Address 841 Skibborean Way

/  /

City State Zip Code  
Hartford WI 53027-8520

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Lauren Schroeder

Transaction ID: SB30B.110369  
Date of Disbursement

Mailing Address 1022 W. Johnson St.

/  /

City State Zip Code  
Madison WI 53715-1026

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Lauren Schroeder

Transaction ID: SB30B.110442  
Date of Disbursement

Mailing Address 1022 W. Johnson St.

/  /

City State Zip Code  
Madison WI 53715-1026

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**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)

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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) Kirsten Seeman  Mailing Address 3091 Seafarer Way  City Suamico State WI Zip Code 54173-8189  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:</b> SB30B.110396 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 5 / 2 0 1 0	Amount of Each Disbursement this Period  289.23
<b>B.</b>	Full Name (Last, First, Middle Initial) Kirsten Seeman  Mailing Address 3091 Seafarer Way  City Suamico State WI Zip Code 54173-8189  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:</b> SB30B.110469 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period  147.76
<b>C.</b>	Full Name (Last, First, Middle Initial) Nicole Simmons  Mailing Address 6848 Moonlight Cir  City Sun Prairie State WI Zip Code 53590  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:</b> SB30B.110491 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period  1575.60

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2012.59
<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

A.	Full Name (Last, First, Middle Initial) Nicholas Smalley	Transaction ID: SB30B.110397 Date of Disbursement 09 / 15 / 2010
	Mailing Address 118 S Washington St	Amount of Each Disbursement this Period 970.31
	City Green Bay State WI Zip Code 54301	
	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.	Full Name (Last, First, Middle Initial) Nicholas Smalley	Transaction ID: SB30B.110470 Date of Disbursement 09 / 30 / 2010
	Mailing Address 118 S Washington St	Amount of Each Disbursement this Period 970.32
	City Green Bay State WI Zip Code 54301	
	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) ▼
C.	Full Name (Last, First, Middle Initial) Shawn W Smith	Transaction ID: SB30B.110398 Date of Disbursement 09 / 15 / 2010
	Mailing Address 6108 Princeton Ln	Amount of Each Disbursement this Period 1056.06
	City Racine State WI Zip Code 53402	
	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) ..... ▶

2996.69

**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

A.

Full Name (Last, First, Middle Initial)  
Shawn W Smith

Transaction ID: SB30B.110471  
Date of Disbursement

Mailing Address 6108 Princeton Ln

/  /

City Racine State WI Zip Code 53402

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Ryan Stratman

Transaction ID: SB30B.110492  
Date of Disbursement

Mailing Address 11530 St. Wendel Rd

/  /

City Evansville State IN Zip Code 47720

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Craig J Summerfield

Transaction ID: SB30B.110386  
Date of Disbursement

Mailing Address 2044 Sweetfern Dr

/  /

City Green Bay State WI Zip Code 54313

Amount of Each Disbursement this Period

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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)

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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

A.	Full Name (Last, First, Middle Initial) Craig J Summerfield	Transaction ID: SB30B.110459
	Mailing Address 2044 Sweetfern Dr	Date of Disbursement MM / DD / YYYY 09 / 30 / 2010
	City Green Bay State WI Zip Code 54313	Amount of Each Disbursement this Period 1221.33
	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:	

B.	Full Name (Last, First, Middle Initial) Brendan Sweeney	Transaction ID: SB30B.110370
	Mailing Address 1014 College Ct	Date of Disbursement MM / DD / YYYY 09 / 15 / 2010
	City Madison State WI Zip Code 53715	Amount of Each Disbursement this Period 132.98
	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:	

C.	Full Name (Last, First, Middle Initial) Brendan Sweeney	Transaction ID: SB30B.110443
	Mailing Address 1014 College Ct	Date of Disbursement MM / DD / YYYY 09 / 30 / 2010
	City Madison State WI Zip Code 53715	Amount of Each Disbursement this Period 114.51
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1468.82
<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.</b> Full Name (Last, First, Middle Initial) TDS Metrocom <hr/> Mailing Address PO Box 94510 <hr/> City Palatine State IL Zip Code 60094-0000 <hr/> Purpose of Disbursement Phones Candidate Name <hr/> 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) ▼	Transaction ID: SB30B.110572 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 295.57
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) TDS Metrocom <hr/> Mailing Address PO Box 94510 <hr/> City Palatine State IL Zip Code 60094-0000 <hr/> Purpose of Disbursement Phones Candidate Name <hr/> 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) ▼	Transaction ID: SB30B.110573 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 665.41
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) TDS Metrocom <hr/> Mailing Address PO Box 94510 <hr/> City Palatine State IL Zip Code 60094-0000 <hr/> Purpose of Disbursement Phones Candidate Name <hr/> 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) ▼	Transaction ID: SB30B.110574 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 668.47
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1629.45
<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.</b> Full Name (Last, First, Middle Initial) TDS Metrocom <hr/> Mailing Address PO Box 94510 <hr/> City Palatine State IL Zip Code 60094-0000 <hr/> Purpose of Disbursement Phones Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.110575 Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2010
	Amount of Each Disbursement this Period 820.65
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) TDS Metrocom <hr/> Mailing Address PO Box 94510 <hr/> City Palatine State IL Zip Code 60094-0000 <hr/> Purpose of Disbursement Phones Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.110628 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2010
	Amount of Each Disbursement this Period 345.41
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) The Tarrance Group <hr/> Mailing Address 201 North Union Street STE 410 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Polling - voter attitudes/ID Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB30B.110501 Date of Disbursement M M / D D / Y Y Y Y 09 / 06 / 2010
	Amount of Each Disbursement this Period 8727.00
	Category/ Type
	Category/ Type

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

8993.06

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Tarrance Group</p> <p>Mailing Address 201 North Union Street STE 410</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Polling - Voter attitudes/ID</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110504</p> <p>Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 19222.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Stephan Thompson</p> <p>Mailing Address 3313 S 123 St</p> <p>City West Allis State WI Zip Code 53227</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110494</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2204.94</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Time Warner Cable</p> <p>Mailing Address PO Box 145</p> <p>City Kimberly State WI Zip Code 54136-0145</p> <p>Purpose of Disbursement Cable</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110576</p> <p>Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 137.23</p>

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

21564.17

**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

A.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB30B.110583 Date of Disbursement
	Mailing Address PO Box 145	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Kimberly State WI Zip Code 54136-0145	Amount of Each Disbursement this Period
	Purpose of Disbursement Cable	<input type="text" value="1108.23"/>
	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.	Full Name (Last, First, Middle Initial) Time Warner Cable	Transaction ID: SB30B.110584 Date of Disbursement
	Mailing Address PO Box 145	<input type="text" value="09"/> / <input type="text" value="24"/> / <input type="text" value="2010"/>
	City Kimberly State WI Zip Code 54136-0145	Amount of Each Disbursement this Period
	Purpose of Disbursement Cable	<input type="text" value="1113.50"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Anton Urso	Transaction ID: SB30B.110382 Date of Disbursement
	Mailing Address 405 Nichols Rd	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City Monona State WI Zip Code 53716	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll	<input type="text" value="581.08"/>
	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) .....	<input type="text" value="2802.81"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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></p> <p>Full Name (Last, First, Middle Initial) Anton Urso</p> <p>Mailing Address 405 Nichols Rd</p> <p>City Monona State WI Zip Code 53716</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110455</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 435.15</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jonathan Waclawski</p> <p>Mailing Address 315 N. Franklin St.</p> <p>City Madison State WI Zip Code 53703-1580</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110371</p> <p>Date of Disbursement 09 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1401.50</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Jonathan Waclawski</p> <p>Mailing Address 315 N. Franklin St.</p> <p>City Madison State WI Zip Code 53703-1580</p> <p>Purpose of Disbursement Payroll</p> <p>Candidate Name</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>Transaction ID:</b> SB30B.110445</p> <p>Date of Disbursement 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1217.60</p>

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

3054.25

**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

A.	Full Name (Last, First, Middle Initial) Andrew Welhouse  Mailing Address 718 Bear Claw Way #204  City Madison State WI Zip Code 53717  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) ▼	Transaction ID: SB30B.110368 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 1551.30  Category/Type
B.	Full Name (Last, First, Middle Initial) Andrew Welhouse  Mailing Address 718 Bear Claw Way #204  City Madison State WI Zip Code 53717  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) ▼	Transaction ID: SB30B.110472 Date of Disbursement 09 / 30 / 2010  Amount of Each Disbursement this Period 1601.30  Category/Type
C.	Full Name (Last, First, Middle Initial) Cullen Werwie  Mailing Address 9451 Silicon Prairie Pkwy  City Verona State WI Zip Code 53593  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) ▼	Transaction ID: SB30B.110495 Date of Disbursement 09 / 30 / 2010  Amount of Each Disbursement this Period 1805.93  Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4958.53
<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 105 / 113

<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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jonathan Wetzel  Mailing Address 938 N 16th Street #3  City Milwaukee State WI Zip Code 53233  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) ▼	Transaction ID: SB30B.110496 Date of Disbursement 09 / 30 / 2010  Amount of Each Disbursement this Period 1145.49
<b>B.</b>	Full Name (Last, First, Middle Initial) Joshua Wilson  Mailing Address 641 West Main 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) ▼	Transaction ID: SB30B.110383 Date of Disbursement 09 / 15 / 2010  Amount of Each Disbursement this Period 609.65
<b>C.</b>	Full Name (Last, First, Middle Initial) Joshua Wilson  Mailing Address 641 West Main 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) ▼	Transaction ID: SB30B.110456 Date of Disbursement 09 / 30 / 2010  Amount of Each Disbursement this Period 551.51

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

2306.65

**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 106 / 113

<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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Xcel Energy <hr/> Mailing Address PO Box 9477 <hr/> City Minneapolis State MN Zip Code 55484 <hr/> Purpose of Disbursement Energy bill Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.110581 Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2010
	Amount of Each Disbursement this Period 1183.78
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Nathan Yahn <hr/> Mailing Address 136 N 87th St <hr/> City Wauwatosa State WI Zip Code 53226 <hr/> Purpose of Disbursement Payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB30B.110497 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2010
	Amount of Each Disbursement this Period 1614.70
	Category/ Type
	Category/ Type

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

2798.48

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

233317.27

**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> Badger Blueprint 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 W227N880 Westmound Dr Sute D			Allocated Activity or Event Year-To-Date 163680.20		
City Waukesha	State WI	Zip Code 53186	Date <input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Map paper			Transaction ID: H4.110404		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.27		80.01		101.28

<b>B. Full Name (Last, First, Middle Initial)</b> Badgerland Chemical & Supply			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 620303			Allocated Activity or Event Year-To-Date 163949.40		
City Middleton	State WI	Zip Code 53562	Date <input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Janitorial supplies			Transaction ID: H4.110405		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.53		212.67		269.20

<b>C. Full Name (Last, First, Middle Initial)</b> Capital Newspapers			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 8759			Allocated Activity or Event Year-To-Date 164230.78		
City Madison	State WI	Zip Code 53708	Date <input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Want ad			Transaction ID: H4.110406		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.09		222.29		281.38

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
136.89		514.97		651.86

**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> Century Springs Bottling Co.			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 275			Allocated Activity or Event Year-To-Date 164335.63		
City Genesee Depot	State WI	Zip Code 53127-0000	Date <input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Bottled water			Transaction ID: H4.110407		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.02		82.83		104.85

<b>B. 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 PO Box 3255			Allocated Activity or Event Year-To-Date 164408.10		
City Milwaukee	State WI	Zip Code 53201-0000	Date <input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Cable tv			Transaction ID: H4.110408		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.22		57.25		72.47

<b>C. Full Name (Last, First, Middle Initial)</b> Coca-Cola Bottling 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 86			Allocated Activity or Event Year-To-Date 164746.51		
City Minneapolis	State MN	Zip Code 55486	Date <input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>		
Purpose of Disbursement: Office soda			Transaction ID: H4.110409		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
71.07		267.34		338.41

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
108.31		407.42		515.73

**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

<b>A. Full Name (Last, First, Middle Initial)</b> Doc Jams LLC			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 3818 Hoepker Rd			Allocated Activity or Event Year-To-Date 164951.18		
City Madison	State WI	Zip Code 53718	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2010		
Purpose of Disbursement: Office machine repair			Transaction ID: H4.110410		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
42.98		161.69		204.67

<b>B. Full Name (Last, First, Middle Initial)</b> FLS Connect			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 7300 Hudson Blvd #270			Allocated Activity or Event Year-To-Date 165400.25		
City St. Paul	State MN	Zip Code 55128	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2010		
Purpose of Disbursement: Conference calls			Transaction ID: H4.110411		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
94.30		354.77		449.07

<b>C. Full Name (Last, First, Middle Initial)</b> GE Capital			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 740441			Allocated Activity or Event Year-To-Date 166443.86		
City Atlanta	State GA	Zip Code 30374-0000	Date <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 20 / 2010		
Purpose of Disbursement: Copier lease			Transaction ID: H4.110412		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
219.16		824.45		1043.61

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
356.44		1340.91		1697.35

**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 167194.28		
City Madison	State WI	Zip Code 53701	Date MM / DD / YYYY 09 / 20 / 2010		
Purpose of Disbursement: Energy bill			Transaction ID: H4.110414		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
157.59		592.83		750.42

<b>B. Full Name (Last, First, Middle Initial)</b> Office Depot			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 9027			Allocated Activity or Event Year-To-Date 168129.38		
City Des Moines	State IA	Zip Code 50368	Date MM / DD / YYYY 09 / 20 / 2010		
Purpose of Disbursement: Office supplies			Transaction ID: H4.110415		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
196.37		738.73		935.10

<b>C. 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 168400.52		
City Louisville	State KY	Zip Code 40285	Date MM / DD / YYYY 09 / 20 / 2010		
Purpose of Disbursement: Postage meter lease			Transaction ID: H4.110416		
Activity or Event Identifier: Administrative					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
56.94		214.20		271.14

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
410.90		1545.76		1956.66

**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> 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 1101 Ashwaubenon St.			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">168900.52</div>	
City	State	Zip Code	Category/ Type	
Green Bay	WI	54304-0000		
Purpose of Disbursement: Custodial service			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 20 / 2010	
Activity or Event Identifier: Administrative			Transaction ID: H4.110418	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

<b>B. Full Name (Last, First, Middle Initial)</b> Service Specialists 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 PO Box 160			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">169183.24</div>	
City	State	Zip Code	Category/ Type	
Sun Prairie	WI	53590		
Purpose of Disbursement: AC Maintenance			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 20 / 2010	
Activity or Event Identifier: Administrative			Transaction ID: H4.110419	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
59.37		223.35		282.72

<b>C. Full Name (Last, First, Middle Initial)</b> Shadow Fax			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 4601 Helfesen Dr			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">170467.45</div>	
City	State	Zip Code	Category/ Type	
Madison	WI	53718		
Purpose of Disbursement: Printer ink			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 20 / 2010	
Activity or Event Identifier: Administrative			Transaction ID: H4.110420	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
269.68		1014.53		1284.21

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
434.05		1632.88		2066.93

**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> TDS Metrocom			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 94510			Allocated Activity or Event Year-To-Date 172141.60	
City Palatine	State IL	Zip Code 60094-0000	Date MM / DD / YYYY 09 / 20 / 2010	
Purpose of Disbursement: Office phones			Transaction ID: H4.110421	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
351.57		1322.58		1674.15

<b>B. Full Name (Last, First, Middle Initial)</b> Wisconsin Manufacturers & Commerce			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 352			Allocated Activity or Event Year-To-Date 172605.60	
City Madison	State WI	Zip Code 53701	Date MM / DD / YYYY 09 / 20 / 2010	
Purpose of Disbursement: Subscription			Transaction ID: H4.110426	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
97.44		366.56		464.00

<b>C. Full Name (Last, First, Middle Initial)</b> Netphoria, 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 2820 Walton Commons W Ste 125			Allocated Activity or Event Year-To-Date 174605.60	
City Madison	State WI	Zip Code 53719	Date MM / DD / YYYY 09 / 22 / 2010	
Purpose of Disbursement: Web software			Transaction ID: H4.110427	
Activity or Event Identifier: Administrative				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
420.00		1580.00		2000.00

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
869.01		3269.14		4138.15

**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)  
FLS Connect

Mailing Address  
7300 Hudson Blvd #270

City State Zip Code  
St. Paul MN 55128

Purpose of Disbursement:  
Conference calls

Category/  
Type

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

175117.65

Date 09 / 27 / 2010

Transaction ID: H4.110429

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.53		404.52		512.05

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

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
107.53		404.52		512.05

**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
2423.13	9115.60	11538.73