

FEC FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

SCOTT WALKER INC

ADDRESS (number and street)

PO BOX 620590

Check if different than previously reported. (ACC)

MIDDLETON

CITY

WI

STATE

53562

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00580480

3. THIS REPORT IS FOR Primary

or General

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER)

Quarterly Reports:

Monthly Reports:

- April 15 (Q1) []
October 15 (Q3) [X]
July 15 (Q2) []
January 31 Year-End Report (YE) []
Feb 20 (M2) []
May 20 (M5) []
Aug 20 (M8) []
Nov 20 (M11) []
Mar 20 (M3) []
Jun 20 (M6) []
Sep 20 (M9) []
Dec 20 (M12) []
Apr 20 (M4) []
Jul 20 (M7) []
Oct 20 (M10) []
Jan 31 (YE) []

Thirtieth day report following the General Election

Twelfth day report preceding election

on MM/DD/YYYY

on MM/DD/YYYY in the State of

Is this Report an Amendment?

yes [] no [X]

5. Covering Period

MM/DD/YYYY 06/17/2015

through

MM/DD/YYYY 09/30/2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

KATE LIND

Signature of Treasurer

KATE LIND

[Electronically Filed]

Date

MM/DD/YYYY 10/15/2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. All previous versions of this form are obsolete and should no longer be used.

Office Use Only

Write or Type Committee Name

SCOTT WALKER INC

Report Covering the Period: From: / / To: / /

SUMMARY

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	<input type="text" value="0.00"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="7379170.56"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="7379170.56"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	<input type="text" value="6393957.13"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="985213.43"/>
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="0.00"/>
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	<input type="text" value="161133.45"/>
13. EXPENDITURES SUBJECT TO LIMITATION	<input type="text" value="0.00"/>

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)	<input type="text" value="7356691.11"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="6371557.13"/>

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Receipts

NAME OF COMMITTEE (in Full)

SCOTT WALKER INC

Report Covering the Period: From:

MM / DD / YYYY
06 / 17 / 2015

To:

MM / DD / YYYY
09 / 30 / 2015

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	4701681.54	4701681.54
(ii) unitemized	2652469.57	2652469.57
(iii) Total contributions	7354151.11	7354151.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	23400.00	23400.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	7377551.11	7377551.11
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	1540.00	1540.00
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	1540.00	1540.00
21. OTHER RECEIPTS (Dividends, Interest, etc.)	79.45	79.45
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	7379170.56	7379170.56

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 03/2011)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

SCOTT WALKER INC

Report Covering the Period: From:

MM / DD / YYYY
06 / 17 / 2015

To:

MM / DD / YYYY
09 / 30 / 2015

II. DISBURSEMENTS

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year-to-Date**

23. OPERATING EXPENDITURES.....	6373097.13	6373097.13
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	15860.00	15860.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	5000.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	20860.00	20860.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	6393957.13	6393957.13

**III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)**

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC FORM 3P,
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C C00580480

SCOTT WALKER INC

ADDRESS (number and street) PO BOX 620590

MIDDLETON

CITY

WI

STATE

53562

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

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

Form/Schedule: F3PN
Transaction ID :

As of the date of this filing, the Scott Walker Inc. committee is in the process of refunding contributions designated toward the General election. These refunds will be reflected on the next regularly scheduled report.

Form/Schedule:
Transaction ID:

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KNUTE AARSHEIM

Mailing Address 305 DELANO RD

City State Zip Code
MARION MA 02738

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

Name of Employer Occupation
ACT I, INC. BOAT OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115685

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MARINA S ABAD

Mailing Address 9707 SIGNAL COURT

City State Zip Code
MANASSAS VA 20111

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

Name of Employer Occupation
MATRIX MEDICAL NETWORK NURSE PRACTITIONER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.115686

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
200.00

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

Mailing Address 213 S. 75 E.

City State Zip Code
VALPARAISO IN 46383

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.115688

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 950.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NIRA ABRAMOWITZ

Mailing Address **PO BOX 958**

City **SOUTHPORT** State **CT** Zip Code **06890**

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

Name of Employer **NGN CAPITAL** Occupation **ANALYST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.115696

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
ROBERT ABRAMOWSKI

Mailing Address **9253 SPINDLE TOP CT**

City **FRANKLIN** State **WI** Zip Code **53132**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115698

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GREGORY T ABRAMSON

Mailing Address **608 LAKE COLONY POINTE**

City **BIRMINGHAM** State **AL** Zip Code **35242**

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

Name of Employer **ABRAMSON LLC** Occupation **CONTRACTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.115700

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **3950.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICK F ADAMS

Mailing Address 4351 GULF SHORE BLVD N

City State Zip Code
NAPLES FL 34103

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.115706

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			14			2015			

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
RICKIE ADAMS

Mailing Address 1915 E CLIFF POINT DRIVE

City State Zip Code
SAINT GEORGE UT 84790

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

Name of Employer Occupation
SELF-EMPLOYED CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.115708

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

Amount of Each Receipt this Period

220.00

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

Mailing Address 10141 SYCAMORE CIRCLE

City State Zip Code
VILLA PARK CA 92861

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

Name of Employer Occupation
RISE UP FOUNDATION AUTHOR, NON-PROFIT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.115710

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2015			

Amount of Each Receipt this Period

2500.00

Subtotal Of Receipts This Page (optional).....▶ **3220.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HALLEE ADELMAN

Mailing Address **503 WALDRON PARK DRIVE**

City **HAVERFORD** State **PA** Zip Code **19041**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128922

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RON ADKINS

Mailing Address **3199 PLUMMERS DR**

City **CHICO** State **CA** Zip Code **95973**

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

Name of Employer **SELF-EMPLOYED** Occupation **RV REPAIR SERVICE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.115714

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ANN MARIE ADREANI

Mailing Address **4211 RUTGERS LANE**

City **NORTHBROOK** State **IL** Zip Code **60062**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.115716

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAT AINLEY

Mailing Address **PO BOX 3908**

City	State	Zip Code
CRESTLINE	CA	92325

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

Name of Employer	Occupation
AINLEY ENTERPRISES LLC	PROPERTY MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Transaction ID : SA17A.115731

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
PAT AINLEY

Mailing Address **PO BOX 3908**

City	State	Zip Code
CRESTLINE	CA	92325

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

Name of Employer	Occupation
AINLEY ENTERPRISES LLC	PROPERTY MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.115732

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

100.00

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

Mailing Address **PO BOX 3908**

City	State	Zip Code
CRESTLINE	CA	92325

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

Name of Employer	Occupation
AINLEY ENTERPRISES LLC	PROPERTY MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Transaction ID : SA17A.115733

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ **300.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 21 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAT AINLEY

Mailing Address **PO BOX 3908**

City State Zip Code
CRESTLINE CA 92325

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

Name of Employer Occupation
AINLEY ENTERPRISES LLC PROPERTY MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.115734

Date of Receipt

07 / 31 / 2015

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)
PAT AINLEY

Mailing Address **PO BOX 3908**

City State Zip Code
CRESTLINE CA 92325

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

Name of Employer Occupation
AINLEY ENTERPRISES LLC PROPERTY MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17A.115735

Date of Receipt

08 / 11 / 2015

Amount of Each Receipt this Period

100.00

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

Mailing Address **PO BOX 3908**

City State Zip Code
CRESTLINE CA 92325

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

Name of Employer Occupation
AINLEY ENTERPRISES LLC PROPERTY MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1150.00

Transaction ID : SA17A.115736

Date of Receipt

08 / 17 / 2015

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional)..... **300.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 22 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL ALANIS

Mailing Address 1678 GOAT HILL RD

City State Zip Code
LAKEHILLS TX 78063

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.115737

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LAURETTE L ALBAUGH

Mailing Address 1075 FULTON AVE. APT. 2

City State Zip Code
SACRAMENTO CA 95825

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.50

Transaction ID : SA17A.115739

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period
200.50

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

Mailing Address 4262 JACKSON DRIVE

City State Zip Code
JACKSON WI 53037

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

Name of Employer Occupation
COURI IRS VP SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.115741

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1300.50

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 27430 LANE

City State Zip Code
ST CLAIR SHORES MI 48081

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.115743

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
WELDON W ALDERS

Mailing Address 11099 GOOSE PRAIRIE ROAD

City State Zip Code
MIDWAY TX 75852

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.115745

Date of Receipt

/ /

Amount of Each Receipt this Period

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

Mailing Address 2819 NORTH JEFFERSON STREET

City State Zip Code
ARLINGTON VA 22207

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SPLIT ROCK INTERNATIONAL, INC. CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.115747

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
A. M ALICANDRO

Mailing Address **17 STUYVESANT OVAL**

City **NEW YORK** State **NY** Zip Code **10009**

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

Name of Employer **PRICE WATER HOUSE COOPERS** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.115757

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WENDY ALLAIRE

Mailing Address **23259 VILLENA**

City **MISSION VIEJO** State **CA** Zip Code **92692**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.115759

Date of Receipt
M M / D D / Y Y Y Y
09 / 13 / 2015

Amount of Each Receipt this Period
1000.00

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

Mailing Address **78 RIVER RD**

City **COS COB** State **CT** Zip Code **06807**

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

Name of Employer **DISCOVERY CAPITAL** Occupation **GLOBAL RELATIONSHIP MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.115761

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **3000.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BOB ALLEN

Mailing Address 13893 WILLOW CAY DRIVE

City State Zip Code
NORTH PALM BEACH FL 33408

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

Name of Employer Occupation
ROBERT ALLEN LAW LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.115763

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRUCE ALLEN

Mailing Address 12 EATON WOODS ROAD

City State Zip Code
E. KINGSTON NH 03827

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115764

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period
50.00

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

Mailing Address 25426 EDGEMONT DRIVE

City State Zip Code
SOUTHFIELD MI 48033

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

Name of Employer Occupation
SELF-EMPLOYED MEDICAL DOCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115765

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 600.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JAY ALLEN		Transaction ID : SA17A.115771	
Mailing Address CMR 427, BOX 3541		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2015	
City APO	State AE	Zip Code 09630	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer U.S. ARMY	Occupation DOCTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="250.00"/>	
		Amount of Each Receipt this Period <input type="text" value="250.00"/>	

B. Full Name (Last, First, Middle Initial) JUDY ALLEN		Transaction ID : SA17A.115772	
Mailing Address 2041 FRANSWORTH DR		Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2015	
City NASHVILLE	State TN	Zip Code 37205	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="256.00"/>	
		Amount of Each Receipt this Period <input type="text" value="103.00"/>	

C. Full Name (Last, First, Middle Initial) ROMOLA ALLEN		Transaction ID : SA17A.115774	
Mailing Address 1747 EAST MCMILLAN STRE		Date of Receipt M M / D D / Y Y Y Y 07 / 29 / 2015	
City CINCINNATI	State OH	Zip Code 45206	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer HOMEMAKER	Occupation HOMEMAKER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="250.00"/>	
		Amount of Each Receipt this Period <input type="text" value="250.00"/>	

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUSAN H ALLEN

Mailing Address **S3W31343 WALNUT HOLW**

City State Zip Code
DELAFIELD WI 53018

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

Name of Employer Occupation
ALLEN MANAGEMENT, INC. BUSINESS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17A.115776

Date of Receipt
M M / D D / Y Y Y Y
07 02 2015

REATTRIBUTED

Amount of Each Receipt this Period
1350.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SUSAN M ALLEN

Mailing Address **325 LAKE RD**

City State Zip Code
MENASHA WI 54952

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

Name of Employer Occupation
NEW ANESTHESIOLOGY PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115778

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SUSAN M ALLEN

Mailing Address **325 LAKE RD**

City State Zip Code
MENASHA WI 54952

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

Name of Employer Occupation
NEW ANESTHESIOLOGY PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.115779

Date of Receipt
M M / D D / Y Y Y Y
07 27 2015

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-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TOD ALTHOFF

Mailing Address 8001 S ROUTE 31

City	State	Zip Code
CRYSTAL LAKE	IL	60014

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ALTHOFF INDUSTRIES	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.115792

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			21			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
KENNETH AMAN

Mailing Address 3600 WINSTON DRIVE

City	State	Zip Code
HOFFMAN ESTATES	IL	60192

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.115794

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

Amount of Each Receipt this Period

<input type="text" value="275.00"/>

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

Mailing Address 5 MANTENIDA

City	State	Zip Code
TRABUCO CANYON	CA	92679

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.115796

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			05			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 34 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
F. C AMERSON

Mailing Address **P.O. BOX 4623**

City State Zip Code
MACON GA 31208

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

Name of Employer Occupation
AMERSON CONSTRUCTION CO GENERAL CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115798

Date of Receipt
M M / D D / Y Y Y Y
08 05 2015

Amount of Each Receipt this Period
250.00

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

Mailing Address **1969 WOOD BLUFF TRAIL**

City State Zip Code
ASHEBORO NC 27205

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.115799

Date of Receipt
M M / D D / Y Y Y Y
09 04 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JOHN R AMMEN

Mailing Address **301 WEST MCLELLAN BOULE**

City State Zip Code
PHOENIX AZ 85013

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

Name of Employer Occupation
VAC PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.115801

Date of Receipt
M M / D D / Y Y Y Y
07 28 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3050.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ERIC AMSTUTZ

Mailing Address 17 RIDGELAND DRIVE

City State Zip Code
GREENVILLE SC 29601

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

Name of Employer Occupation
WYCHE, P.A. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115808

Date of Receipt

07 / **18** / **2015**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ROGELIO ANCHETA

Mailing Address 2411 ALLEN BLVD

City State Zip Code
BEACHWOOD OH 44122

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.115809

Date of Receipt

07 / **28** / **2015**

Amount of Each Receipt this Period

200.00

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

Mailing Address 8850 OLD MILL CREEK

City State Zip Code
BRENHAM TX 77833

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

Name of Employer Occupation
APPLIED ENERGY TECH CO BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115811

Date of Receipt

06 / **26** / **2015**

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **700.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 37 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JACK ANCONE

Mailing Address **8850 OLD MILL CREEK**

City **BRENHAM** State **TX** Zip Code **77833**

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

Name of Employer **APPLIED ENERGY TECH CO** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.115812

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
AGNES V ANDERSON

Mailing Address **890 WIXFORD WAY**

City **SACRAMENTO** State **CA** Zip Code **95864**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.115813

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
AGNES V ANDERSON

Mailing Address **890 WIXFORD WAY**

City **SACRAMENTO** State **CA** Zip Code **95864**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Transaction ID : SA17A.115814

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

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-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) ALLAN ANDERSON Mailing Address 501 VERADO VISTA City LA CANADA FLINTRIDGE State CA Zip Code 91011 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer ARENT FOX Occupation ATTORNEY Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		Transaction ID : SA17A.115816 Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
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B. Full Name (Last, First, Middle Initial) ALLEN ANDERSON Mailing Address 1303 CHICKERING RD City NASHVILLE State TN Zip Code 37215 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer TOA Occupation PHYSICIAN Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		Transaction ID : SA17A.115818 Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
---	--	---

C. Full Name (Last, First, Middle Initial) CLARK ANDERSON Mailing Address S187 W7040 GOLDDRIVE City MUSKEGO State WI Zip Code 53150 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer ACM FIRE PROTECTION INC Occupation PRESIDENT Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="225.00"/>		Transaction ID : SA17A.115820 Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2015 Amount of Each Receipt this Period <input type="text" value="225.00"/>
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Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CURTIS ANDERSON

Mailing Address 1 N STADIUM WAY

City State Zip Code
TACOMA WA 98403

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115822

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DANA ANDERSON

Mailing Address 100 FALL CREEK ROAD

City State Zip Code
LAWRENCE KS 66049

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

Name of Employer Occupation
MACERICH REAL ESTAT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115824

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
250.00

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

Mailing Address 202 SCABOROUGH DRIVE
G

City State Zip Code
GREER SC 00000

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.115826

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

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-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ED ANDERSON

Mailing Address 1054 ABBIE LANE

City	State	Zip Code
EUGENE	OR	97401

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.115828

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

_____ 500.00

B. Full Name (Last, First, Middle Initial)
EILEEN ANDERSON

Mailing Address 18837 KRISTIE LANE

City	State	Zip Code
EDEN PRAIRIE,	MN	55346

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

Name of Employer	Occupation
NOT EMPLOYED	NOT EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.115830

Date of Receipt

M M / D D / Y Y Y Y
06 / 21 / 2015

Amount of Each Receipt this Period

_____ 250.00

C. Full Name (Last, First, Middle Initial)
JAMES M ANDERSON

Mailing Address 24149 CEDAR ROAD

City	State	Zip Code
LYNDHURST	OH	44122

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

Name of Employer	Occupation
CASE WESTERN RESERVE UNIVERSITY	TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.115832

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

_____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1750.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES L ANDERSON

Mailing Address **8 AUBURN AVE SE**

City State Zip Code
NORTH CANTON OH 44709

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115834

Date of Receipt
M M / D D / Y Y Y Y
09 16 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOE H ANDERSON

Mailing Address **PO BOX 36**

City State Zip Code
OLD TOWN FL 32680

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.115836

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN R ANDERSON

Mailing Address **330 SPRING CREEK RD**

City State Zip Code
ROCKFORD IL 61107

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

Name of Employer Occupation
SPRING CREEK PARTNERS VENTURE CAPITALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.115838

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3450.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 42 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) LANG ANDERSON		Transaction ID : SA17A.115839	
Mailing Address 2530 S 20TH STREET		Date of Receipt M M / D D / Y Y Y Y 09 / 08 / 2015	
City LINCOLN	State NE	Zip Code 68502	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer RETIRED	Occupation RETIRED	Election Cycle-to-Date 300.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) LINDA ANDERSON		Transaction ID : SA17A.115841	
Mailing Address 330 SPRING CREEK RD		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2015	
City ROCKFORD	State IL	Zip Code 61107	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	Election Cycle-to-Date 2700.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) PHILIP ANDERSON		Transaction ID : SA17A.115843	
Mailing Address 4706 8TH RD S		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2015	
City ARLINGTON	State VA	Zip Code 22204	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer U.S. NAVY	Occupation DOD FEDERAL EMPLOYEE	Election Cycle-to-Date 500.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Subtotal Of Receipts This Page (optional).....▶ 3300.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
REYNELL ANDREWS

Mailing Address **PO BOX 30308**

City **ELMONT** State **NY** Zip Code **11003**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115851

Date of Receipt

08 / **07** / **2015**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY ANDRINGA

Mailing Address **1637 LEGEND HILL LANE**

City **WAUKESHA** State **WI** Zip Code **53189**

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

Name of Employer **CRAMER, MULTHAUF & HAMMES, LLP** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.115853

Date of Receipt

07 / **21** / **2015**

Amount of Each Receipt this Period

500.00

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

Mailing Address **PO BOX 128**

City **NEW CANAAN** State **CT** Zip Code **06840**

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

Name of Employer **GJA MANEGEMENT CORP** Occupation **ASSET MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.115855

Date of Receipt

07 / **20** / **2015**

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **1750.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEAN ANGLE

Mailing Address **35 E VIA VERDEST**

City State Zip Code
WICHITA KS 67230

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.115857

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JEAN ANGLE

Mailing Address **35 E VIA VERDEST**

City State Zip Code
WICHITA KS 67230

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.115858

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

Amount of Each Receipt this Period

500.00

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

Mailing Address **1300 S GREEN BAY ROAD**

City State Zip Code
MOUNT PLEASANT WI 53406

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.115860

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **1750.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
R. L ARCHBALD

Mailing Address **815 MANCHESTER WOODS DR**

City	State	Zip Code
SUN CITY CENT	FL	33573

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.119878

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

Amount of Each Receipt this Period
 _____ 200.00

B. Full Name (Last, First, Middle Initial)
VAN HENR ARCHER

Mailing Address **218 W LYNWOOD AVE**

City	State	Zip Code
SAN ANTONIO	TX	78212

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

Name of Employer SELF-EMPLOYED	Occupation RANCHING AND INVESTMENT
-----------------------------------	---------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.119880

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

Amount of Each Receipt this Period
 _____ 1000.00

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

Mailing Address **P.O. BOX 1013**

City	State	Zip Code
LANCASTER	SC	29721

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

Name of Employer BILL ADREY FORESTRY INC.	Occupation OWNER
--	---------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.119881

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period
 _____ 200.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1400.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALAN ARNOLD

Mailing Address **2 FRIAR LN**

City State Zip Code
LADERA RANCH CA 92694

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

Name of Employer Occupation
VISION SOLUTIONS, INC. CTO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.119899

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CLAYTON ARNOLD

Mailing Address **11430 MAIN**

City State Zip Code
ROSCOE IL 61073

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

Name of Employer Occupation
OWNER LANDSCAPE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.119901

Date of Receipt
M M / D D / Y Y Y Y
07 10 2015

Amount of Each Receipt this Period
2700.00

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

Mailing Address **57450 EAST HIGHWAY 1
M**

City State Zip Code
MONKEY ISLAND MO 00000

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.119903

Date of Receipt
M M / D D / Y Y Y Y
07 23 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **3450.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 53 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL ARNOLD

Mailing Address 4930 E STATE STREET

City State Zip Code
ROCKFORD IL 61108

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

Name of Employer Occupation
ROAD RANGER LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.119905

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
DANIEL ARNOLD

Mailing Address 4930 E STATE STREET

City State Zip Code
ROCKFORD IL 61108

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

Name of Employer Occupation
ROAD RANGER LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.119906

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

2700.00

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

Mailing Address 4930 E STATE STREET

City State Zip Code
ROCKFORD IL 61108

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

Name of Employer Occupation
ROAD RANGER LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.119907

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL ARNOLD

Mailing Address **4930 E STATE STREET**

City State Zip Code
ROCKFORD IL 61108

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

Name of Employer Occupation
ROAD RANGER LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.119908

Date of Receipt
M M / D D / Y Y Y Y
08 14 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
LINDA J ARNOLD

Mailing Address **2004 EL RANCHO LANE**

City State Zip Code
ROCKFORD IL 61110

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.119910

Date of Receipt
M M / D D / Y Y Y Y
07 10 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

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

Mailing Address **N6202 FOSTER RD**

City State Zip Code
ELKHORN WI 53121

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.119911

Date of Receipt
M M / D D / Y Y Y Y
07 24 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **2800.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 55 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT ARNOLD

Mailing Address **N6202 FOSTER RD**

City **ELKHORN** State **WI** Zip Code **53121**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245.00

Transaction ID : SA17A.119912

Date of Receipt

07 / **28** / **2015**

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
ROBERT ARNOLD

Mailing Address **N6202 FOSTER RD**

City **ELKHORN** State **WI** Zip Code **53121**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
280.00

Transaction ID : SA17A.119913

Date of Receipt

07 / **31** / **2015**

Amount of Each Receipt this Period

35.00

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

Mailing Address **3313 MICHAEL DRIVE**

City **CLARKSTON** State **WA** Zip Code **99403**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.119915

Date of Receipt

07 / **13** / **2015**

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **310.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELIZABETH ASCH

Mailing Address 12 WOODROW ROAD

City State Zip Code
HANOVER NH 03755

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

Name of Employer Occupation
RIVER VALLEY CLUB OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.119929

Date of Receipt
MM / DD / YYYY
08 / 09 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-2700.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH ASCH

Mailing Address 12 WOODROW ROAD

City State Zip Code
HANOVER NH 03755

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

Name of Employer Occupation
RIVER VALLEY CLUB OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.119930

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
LONDON E ASH

Mailing Address 2201 LANE PARK ROAD

City State Zip Code
MOUNTAIN BROO AL 35223

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

Name of Employer Occupation
EXTREME CONCEPTS C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.119932

Date of Receipt
MM / DD / YYYY
08 / 23 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRETT AUGUST

Mailing Address 399 FULLERTON PARKWAY

City State Zip Code
CHICAGO IL 60614

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

Name of Employer Occupation
PATTISHALL MCAULIFFE LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
285.00

Transaction ID : SA17A.119951

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
BURTON AUGUST

Mailing Address 21 PICCADILLY SQUARE

City State Zip Code
ROCHESTER NY 14625

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.119953

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3116 N ROCKMONT AVE

City State Zip Code
CLAREMONT CA 91711

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
503.00

Transaction ID : SA17A.119955

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
503.00

Subtotal Of Receipts This Page (optional).....▶ 1538.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
H. BAHE

Mailing Address 705 S STATE ST.

City	State	Zip Code
HAMPSHIRE	IL	60140

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.119983

Date of Receipt

M M / D D / Y Y Y Y
08 / 26 / 2015

Amount of Each Receipt this Period

_____ 500.00

B. Full Name (Last, First, Middle Initial)
WALTER BAHLER

Mailing Address 5927 S CREEKSIDE CT

City	State	Zip Code
REMINGTON	IN	47977

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 260.00

Transaction ID : SA17A.119984

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

_____ 100.00

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

Mailing Address 5927 S CREEKSIDE CT

City	State	Zip Code
REMINGTON	IN	47977

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 310.00

Transaction ID : SA17A.119985

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

_____ 50.00

Subtotal Of Receipts This Page (optional).....▶ _____ 650.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 71 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WALTER BAHLER

Mailing Address 5927 S CREEKSIDE CT

City State Zip Code
REMINGTON IN 47977

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
395.00

Transaction ID : SA17A.119989

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)
WALTER BAHLER

Mailing Address 5927 S CREEKSIDE CT

City State Zip Code
REMINGTON IN 47977

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
405.00

Transaction ID : SA17A.119990

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)
MATTHEW S BAILEY

Mailing Address 4915 S RANGE RD

City State Zip Code
NORTH JUDSON IN 46366

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

Name of Employer Occupation
BAILEYTOWN INC BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.119992

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 520.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 13 HEATHER RD

City State Zip Code
WATERTOWN MA 02472

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120015

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

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

Mailing Address 6644 WHISPERING WOOD

City State Zip Code
PLANO TX 75024

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KPMG ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120017

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

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

Mailing Address 6644 WHISPERING WOOD

City State Zip Code
PLANO TX 75024

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KPMG ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120018

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="5.00"/>

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID J BALDOVIN

Mailing Address 205 LAKE COURT DR

City State Zip Code
LYNCHBURG TN 37352

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120025

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JULIE BALDRIDGE

Mailing Address PO BOX 607

City State Zip Code
WHITEFISH MT 59937

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120027

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

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

Mailing Address 28 PRINCE STREET

City State Zip Code
BEVERLY MA 01915

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120029

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KATHLEEN BALISTRERI

Mailing Address **618 STONEGATE PASS**

City State Zip Code
COLGATE WI 53017

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120031

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN BALISTRERI

Mailing Address **618 STONEGATE PASS**

City State Zip Code
COLGATE WI 53017

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120032

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

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

Mailing Address **3416 W RIVERLAND DRIVE**

City State Zip Code
MEQUON WI 53092

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120034

Date of Receipt
M M / D D / Y Y Y Y
08 17 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **5650.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SALVATOR BALISTRERI

Mailing Address **5080 CONCORA ROAD**
B

City **BOULDER JUNCT** State **WI** Zip Code **00000**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120036

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS BALISTRERI

Mailing Address **618 STONEGATE PASS**

City **COLGATE** State **WI** Zip Code **53017**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Transaction ID : SA17A.120037

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

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

Mailing Address **618 STONEGATE PASS**

City **COLGATE** State **WI** Zip Code **53017**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120038

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-100.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **1000.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 81 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS BALISTRERI

Mailing Address **618 STONEGATE PASS**

City State Zip Code
COLGATE WI 53017

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Transaction ID : SA17A.120039

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
100.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
WILLIAM "MIKE" BALLARD

Mailing Address **656 GOOD SPRINGS RD.**

City State Zip Code
BRENTWOOD TN 37027

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

Name of Employer Occupation
NATIONAL SEATING & MOBILITY CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120041

Date of Receipt
M M / D D / Y Y Y Y
06 23 2015

Amount of Each Receipt this Period
2700.00

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

Mailing Address **108 N GREEN BAY RD**

City State Zip Code
APPLETON WI 54911

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120043

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **2700.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARY E BARBOUR

Mailing Address 155 DARLINGTON LANE

City State Zip Code
SEWICKLEY PA 15143

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120074

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

REDESIGNATED

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
KRIS BARCELOW

Mailing Address 7436 SHANNON DR.

City State Zip Code
EDINA MN 55439

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120076

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

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

Mailing Address 945 SAN MARINO AVE

City State Zip Code
SAN MARINO CA 91108

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED CHOREOGRAPHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120078

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN BARKER

Mailing Address 4812 96TH STREET

City	State	Zip Code
LUBBOCK	TX	79423

FEC ID number of contributing federal political committee.

Name of Employer COVENANT HEALTH	Occupation DIRECTOR OF SECURITY
-------------------------------------	------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120080

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
JON M BARKER

Mailing Address RR 1 BOX 127

City	State	Zip Code
BROUGHTON	IL	62817

FEC ID number of contributing federal political committee.

Name of Employer THE BAKER COMPANIES	Occupation PRESIDENT/CEO
---	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120082

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
JON M BARKER

Mailing Address RR 1 BOX 127

City	State	Zip Code
BROUGHTON	IL	62817

FEC ID number of contributing federal political committee.

Name of Employer THE BAKER COMPANIES	Occupation PRESIDENT/CEO
---	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120083

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL BARNES

Mailing Address **774 MAYS BLVD**
1

City **INCLINE VILLA** State **NV** Zip Code **89451**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.120094

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
MICHAEL BARNES

Mailing Address **774 MAYS BLVD**
1

City **INCLINE VILLA** State **NV** Zip Code **89451**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.120095

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2015

Amount of Each Receipt this Period
50.00

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

Mailing Address **774 MAYS BLVD**
1

City **INCLINE VILLA** State **NV** Zip Code **89451**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

Transaction ID : SA17A.120096

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional)..... **125.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL BARNES

Mailing Address **774 MAYS BLVD**
1

City **INCLINE VILLA** State **NV** Zip Code **89451**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.120097

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2015

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
AMY BARNETT

Mailing Address **38 FOX HILL ST.**

City **WESTWOOD** State **MA** Zip Code **02090**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120099

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
2700.00

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

Mailing Address **38 FOX HILL STREET**

City **WESTWOOD** State **MA** Zip Code **02090**

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

Name of Employer **WILMER CUTLER PICKERING HALE AND
DORR** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120101

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **5425.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 94 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL BARNETT

Mailing Address 1576 BRAE BURN CT

City State Zip Code
RIVERWOODS IL 60015

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

Name of Employer Occupation
PRINCIPAL MANUFACTURING CORP EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120103

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
NANCY BARNHART

Mailing Address 7370 WALSH RD

City State Zip Code
MILLINGTON TN 38053

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120105

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
250.00

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

Mailing Address 33 OLD WAGON RD

City State Zip Code
OLD GREENWICH CT 06870

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120107

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES T BARRY

Mailing Address 1232 N EDISON ST

City State Zip Code
MILWAUKEE WI 53202

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

Name of Employer
CASSIDY, TURLEY, BARRY, INC.

Occupation
REALTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120109

Date of Receipt
MM / DD / YYYY
07 / 14 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

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

Mailing Address 1232 N EDISON ST

City State Zip Code
MILWAUKEE WI 53202

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

Name of Employer
CASSIDY, TURLEY, BARRY, INC.

Occupation
REALTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120110

Date of Receipt
MM / DD / YYYY
07 / 14 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JAMES T BARRY

Mailing Address 1232 N EDISON ST

City State Zip Code
MILWAUKEE WI 53202

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

Name of Employer
CASSIDY, TURLEY, BARRY, INC.

Occupation
REALTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120111

Date of Receipt
MM / DD / YYYY
07 / 14 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JERRI BARRY

Mailing Address 968 EVERGREEN LANE

City State Zip Code
NEENAH WI 54956

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120113

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PETER J BARTELL

Mailing Address 15208 W SAN MATEO DR

City State Zip Code
NEW BERLIN WI 53151

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

Name of Employer Occupation
A&B FILLING INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120115

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

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

Mailing Address 2235 W JONATHON DR

City State Zip Code
APPLETON WI 54914

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

Name of Employer Occupation
ALPHA-PRIME, INC BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120117

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 97 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN BARTOSZ

Mailing Address **PO BOX 372**

City State Zip Code
LAC DU FLAMBEAU WI 54538

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.120119

Date of Receipt

07 / 24 / 2015

Amount of Each Receipt this Period

210.00

B. Full Name (Last, First, Middle Initial)
DORIS L BASS

Mailing Address **4316 SAINT JOHNS DR**

City State Zip Code
DALLAS TX 75205

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120121

Date of Receipt

07 / 27 / 2015

Amount of Each Receipt this Period

500.00

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

Mailing Address **15301 DALLAS PKWY, STE 1100**

City State Zip Code
ADDISON TX 75001

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

Name of Employer Occupation
SYSTEMWARE, INC. MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120123

Date of Receipt

07 / 16 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **1210.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROCHELLE H BAST

Mailing Address 3704 N LAKE DR

City State Zip Code
SHOREWOOD WI 53211

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

Name of Employer Occupation
RITEWAY BUS SERVICE, INC. BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.120125

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
225.00

B. Full Name (Last, First, Middle Initial)
ROCHELLE H BAST

Mailing Address 3704 N LAKE DR

City State Zip Code
SHOREWOOD WI 53211

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

Name of Employer Occupation
RITEWAY BUS SERVICE, INC. BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

Transaction ID : SA17A.120126

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
200.00

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

Mailing Address 190 HOLLY COURT

City State Zip Code
LOGANVILLE GA 30052

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120127

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 525.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:

PAGE 99 / 2684

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JILL BATEMAN Mailing Address 12797 S KERI LYNN CT City RIVERTON State UT Zip Code 84065 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="650.00"/>			Transaction ID : SA17A.120128 Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
B. Full Name (Last, First, Middle Initial) STEPHEN J BATES Mailing Address 197 TOBY GARDEN ST City DUXBURY State MA Zip Code 02332 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer SCM ASSOCIATES Occupation SENIOR VP Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>			Transaction ID : SA17A.120130 Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
C. Full Name (Last, First, Middle Initial) WILLIAM BATISTE Mailing Address 725 KAPIOLANI BLVD City HONOLULU State HI Zip Code 96813 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>			Transaction ID : SA17A.120132 Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBIN BATTEN

Mailing Address **1263 PENFIELD LANE**

City	State	Zip Code
CHARLOTTESVILLE	VA	22901

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

Name of Employer	Occupation
SELF-EMPLOYED	DESIGNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **350.00**

Transaction ID : SA17A.120134

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		29		2015

Amount of Each Receipt this Period
 _____ **350.00**

B. Full Name (Last, First, Middle Initial)
MARK BAUDER

Mailing Address **605 SUMMIT ST.**

City	State	Zip Code
RICHLAND	WA	99352

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

Name of Employer	Occupation
SELF-EMPLOYED	AG.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **250.00**

Transaction ID : SA17A.120136

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		14		2015

Amount of Each Receipt this Period
 _____ **250.00**

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

Mailing Address **PO BOX 248**

City	State	Zip Code
DURAND	WI	54736

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

Name of Employer	Occupation
BAUER BUILD, INC.	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **2700.00**

Transaction ID : SA17A.120138

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		27		2015

Amount of Each Receipt this Period
 _____ **2700.00**

Subtotal Of Receipts This Page (optional).....▶ _____ **3300.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KATHRINE F BAXTER

Mailing Address 11100 SANTA MONICA B
S

City State Zip Code
LOS ANGELES CA 90025

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120150

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SHAYNETT BAXTER

Mailing Address 6734 N GULLWING CT

City State Zip Code
APPLETON WI 54913

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120152

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
500.00

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

Mailing Address 6734 N GULLWING CT

City State Zip Code
APPLETON WI 54913

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
760.00

Transaction ID : SA17A.120153

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
260.00

Subtotal Of Receipts This Page (optional).....▶ 760.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHAYNETTE BAXTER

Mailing Address 6734 N. GULLWING CT.

City State Zip Code
APPLETON WI 54913

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120155

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
STUART BAXTER

Mailing Address 14N456 FACTLY RD

City State Zip Code
SYCAMORE IL 60178

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

Name of Employer Occupation
SUBURBAN PLASTICS COMPANY ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120156

Date of Receipt

/ /

Amount of Each Receipt this Period

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

Mailing Address 1810 WEDGEWOOD DR E

City State Zip Code
ELM GROVE WI 53122

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120158

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LORI BEASLEY

Mailing Address **PO BOX 110**

City State Zip Code
SUMMERSVILLE MO 65571

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.120166

Date of Receipt
M M / D D / Y Y Y Y
08 10 2015

Amount of Each Receipt this Period
210.00

B. Full Name (Last, First, Middle Initial)
SAM BEASLEY

Mailing Address **6215 PINEVIEW RD**

City State Zip Code
DALLAS TX 75248

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

Name of Employer Occupation
SELF-EMPLOYED GENERAL CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.120167

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ALEXANDR S BECHER

Mailing Address

City State Zip Code
APPLETON WI

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

Name of Employer Occupation
BECHER SOLUTIONS ACCOUNT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120169

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3160.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BENJAMIN J BECHER

Mailing Address PO BOX 361

City State Zip Code
APPLETON WI 54912

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

Name of Employer Occupation
BECHER PLASTICS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120171

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
BENJAMIN J BECHER

Mailing Address PO BOX 361

City State Zip Code
APPLETON WI 54912

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

Name of Employer Occupation
BECHER PLASTICS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120172

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

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

Mailing Address PO BOX 361

City State Zip Code
APPLETON WI 54912

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

Name of Employer Occupation
UW WHITEWATER STUDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120174

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8100.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES M BECK

Mailing Address 312 FAIRWAY DR

City State Zip Code
COLUMBUS WI 53925

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

Name of Employer Occupation
DRS. BECK & BECK DENTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120181

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
LISA BECK

Mailing Address 4204 GROVER DRIVE

City State Zip Code
BIRMINGHAM WI 35213

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120183

Date of Receipt

M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period

500.00

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

Mailing Address PO BOX 69

City State Zip Code
FORT MILL SC 29716

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

Name of Employer Occupation
BRIDGETREE, INC MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120185

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VINCENT BEDARD

Mailing Address 1614 WINCREST STREET

City State Zip Code
EAST LANSING MI 48823

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120191

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
VINCENT BEDARD

Mailing Address 1614 WINCREST STREET

City State Zip Code
EAST LANSING MI 48823

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120192

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES J BEDINGER

Mailing Address 4 SIERRA AVE

City State Zip Code
PIEDMONT CA 94611

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BEDINGER & COMPANY CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120194

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **POBOX 2502**

City State Zip Code
MIDLAND TX 79702

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

Name of Employer Occupation
SELF-EMPLOYED INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120196

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JANICE BEECHICK

Mailing Address **6410 RALEIGH ST**

City State Zip Code
ARVADA CO 80003

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

Name of Employer Occupation
N. METRO COMM SERVICES CAREGIVER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.120197

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
150.00

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

Mailing Address **160 COLONIAL DR**

City State Zip Code
EUTAW AL 35462

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

Name of Employer Occupation
SELF-EMPLOYED MILK DISTRIBUTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.120199

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
400.00

Subtotal Of Receipts This Page (optional).....▶ **3250.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **2334 N COLONY AVENUE**

City **FRANKSVILLE** State **WI** Zip Code **53126**

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

Name of Employer **JOHNSON BANK** Occupation **EXECUTIVE VP**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120201

Date of Receipt

09 / 08 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JEFFREY S BEISCHEL

Mailing Address **1313 N FRANKLIN PL**

City **MILWAUKEE** State **WI** Zip Code **53202**

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

Name of Employer **KMC** Occupation **MANAGEMENT -- AD05 - ADMINISTRAT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120203

Date of Receipt

08 / 05 / 2015

Amount of Each Receipt this Period

1000.00

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

Mailing Address **431 VIRGINIA AVE**

City **CAMPBELL** State **CA** Zip Code **95008**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120204

Date of Receipt

07 / 21 / 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional)..... **1350.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA A BELDEN

Mailing Address 40 SADDLE RIDGE RD

City State Zip Code
GLASTONBURY CT 06033

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120206

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRUCE A BELL

Mailing Address 958 HICKORY AVE

City State Zip Code
DE PERE WI 54115

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

Name of Employer Occupation
BELMARK INC CHAIRMAN/FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120208

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
BRUCE A BELL

Mailing Address 958 HICKORY AVE

City State Zip Code
DE PERE WI 54115

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

Name of Employer Occupation
BELMARK INC CHAIRMAN/FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120209

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRUCE A BELL

Mailing Address **958 HICKORY AVE**

City State Zip Code
DE PERE WI 54115

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

Name of Employer Occupation
BELMARK INC CHAIRMAN/FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120210

Date of Receipt
M M / D D / Y Y Y Y
08 07 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CAROL BELL

Mailing Address **958 HICKORY AVENUE**

City State Zip Code
DE PERE WI 54115

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120212

Date of Receipt
M M / D D / Y Y Y Y
08 07 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

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

Mailing Address **5230 SUNNYSIDE DR**

City State Zip Code
BONITA CA 91902

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120214

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1000.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL BELLIVEAU

Mailing Address **9 GOVERNORS WAY**

City State Zip Code
MADISON CT 06443

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

Name of Employer Occupation
ORACLE ELEVATOR CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.120220

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GUS BENAVIDES

Mailing Address **281 RIVER COVE ROAD**

City State Zip Code
HUNTSVILLE AL 35811

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

Name of Employer Occupation
WYLE INC. ENGINEER / MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120221

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
50.00

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

Mailing Address **281 RIVER COVE ROAD**

City State Zip Code
HUNTSVILLE AL 35811

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

Name of Employer Occupation
WYLE INC. ENGINEER / MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17A.120222

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period
75.00

Subtotal Of Receipts This Page (optional)..... **375.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MAC D BENBROOK

Mailing Address **3200 SHADY BROOK ROAD
P**

City **WOODWARD** State **OK** Zip Code **73801**

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

Name of Employer **BENBROOK INS. AGENCY** Occupation **INSURANCE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.120224

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
700.00

B. Full Name (Last, First, Middle Initial)
LINCOLN BENET

Mailing Address **730 FIFTH AVENUE, 20TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10019**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120226

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

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

Mailing Address **730 FIFTH AVENUE, 20TH FLOOR**

City **NEW YORK** State **NY** Zip Code **10019**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128856

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **6100.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LINCOLN BENET

Mailing Address **730 FIFTH AVENUE, 20TH FLOOR**

City State Zip Code
NEW YORK NY 10019

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128857

Date of Receipt
M M / D D / Y Y Y Y
08 18 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PATRICIA BENET

Mailing Address **730 5TH AVE FL 20**

City State Zip Code
NEW YORK NY 10019

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120228

Date of Receipt
M M / D D / Y Y Y Y
08 18 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

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

Mailing Address **730 5TH AVE FL 20**

City State Zip Code
NEW YORK NY 10019

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128858

Date of Receipt
M M / D D / Y Y Y Y
08 18 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA BENET

Mailing Address 730 5TH AVE FL 20

City State Zip Code
NEW YORK NY 10019

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128859

Date of Receipt
MM / DD / YYYY
08 / 18 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CATHERIN BENFIELD

Mailing Address 849 ISLAND POINT LANE

City State Zip Code
CHAPIN SC 29036

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
226.00

Transaction ID : SA17A.120229

Date of Receipt
MM / DD / YYYY
07 / 16 / 2015

Amount of Each Receipt this Period
50.00

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

Mailing Address 849 ISLAND POINT LANE

City State Zip Code
CHAPIN SC 29036

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
251.00

Transaction ID : SA17A.120230

Date of Receipt
MM / DD / YYYY
07 / 18 / 2015

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 75.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CATHERIN BENFIELD

Mailing Address 849 ISLAND POINT LANE

City State Zip Code
CHAPIN SC 29036

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
286.00

Transaction ID : SA17A.120231

Date of Receipt

M M / D D / Y Y Y Y
07 18 2015

Amount of Each Receipt this Period

35.00

B. Full Name (Last, First, Middle Initial)
CATHERIN BENFIELD

Mailing Address 849 ISLAND POINT LANE

City State Zip Code
CHAPIN SC 29036

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
321.00

Transaction ID : SA17A.120232

Date of Receipt

M M / D D / Y Y Y Y
07 18 2015

Amount of Each Receipt this Period

35.00

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

Mailing Address 849 ISLAND POINT LANE

City State Zip Code
CHAPIN SC 29036

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
356.00

Transaction ID : SA17A.120233

Date of Receipt

M M / D D / Y Y Y Y
07 20 2015

Amount of Each Receipt this Period

35.00

Subtotal Of Receipts This Page (optional).....▶ **105.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CATHERIN BENFIELD

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code
CHAPIN SC 29036

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
391.00

Transaction ID : SA17A.120234

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
CATHERIN BENFIELD

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code
CHAPIN SC 29036

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
426.00

Transaction ID : SA17A.120235

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
35.00

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

Mailing Address **849 ISLAND POINT LANE**

City State Zip Code
CHAPIN SC 29036

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

Name of Employer Occupation
SELF-EMPLOYED PSYCHOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
461.00

Transaction ID : SA17A.120236

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2015

Amount of Each Receipt this Period
35.00

Subtotal Of Receipts This Page (optional)..... **105.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY BENJAMIN

Mailing Address **PO BOX 843**

City	State	Zip Code
IRON MOUNTAIN	MI	49801

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

Name of Employer	Occupation
GUNDLACH CHAMPION, INC.	VICE-CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.120241

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period

203.00

B. Full Name (Last, First, Middle Initial)
THOMAS J BENJAMIN

Mailing Address **4601 38TH STREET NORTH**

City	State	Zip Code
ARLINGTON	VA	22207

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

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120243

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period

250.00

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

Mailing Address **4809 DUNBERRY LN**

City	State	Zip Code
EDINA	MN	55435

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

Name of Employer	Occupation
BENNETT MATRIEAL HANDLING	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120245

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **703.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN T BENNETT

Mailing Address **29 MEADOWLARK LN**

City State Zip Code
HILTON HEAD SC 29926

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120246

Date of Receipt

07 / 13 / 2015

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
MILFORD BENNETT

Mailing Address **576 APACHE TRL**

City State Zip Code
CHATSWORTH GA 30705

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.120247

Date of Receipt

07 / 13 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
SANDRA S BENNETT

Mailing Address **PO BOX 409**

City State Zip Code
LA CENTER WA 98629

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120249

Date of Receipt

06 / 20 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **700.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANNE BENTON

Mailing Address **P.O. BOX 7551**

City	State	Zip Code
MENLO PARK	CA	94026

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

Name of Employer	Occupation
SELF-EMPLOYED	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120256

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DIXON BENZ II

Mailing Address **3329 LAKE DRIVE**

City	State	Zip Code
HARTLAND	WI	53029

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

Name of Employer	Occupation
BENZ OIL	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120258

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2015

Amount of Each Receipt this Period

250.00

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

Mailing Address **1445 PLOVER HEIGHTS ROAD**

City	State	Zip Code
STEVENS POINT	WI	54482

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

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
503.00

Transaction ID : SA17A.120260

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period

503.00

Subtotal Of Receipts This Page (optional).....▶ 1753.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT J BERARD

Mailing Address **PO BOX 188**

City **BANCROFT** State **WI** Zip Code **54921**

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

Name of Employer **PARAMOUNT FARMS INC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120262

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JEFFREY BERENSON

Mailing Address **888 PARK AVENUE, APT 12A**

City **NEW YORK** State **NY** Zip Code **10075**

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

Name of Employer **BERENSON COMPANY** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120264

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
2700.00

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

Mailing Address **108 VISTA LN**

City **TAOS** State **NM** Zip Code **87571**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120266

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional)..... **5700.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CRYSTAL BERG

Mailing Address 1962 ROBINS RUN

City State Zip Code
HARTFORD WI 53027

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128915

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GRACE BERG

Mailing Address 10167 N CARRISTO DRIVE

City State Zip Code
TUCSON AZ 85737

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

Name of Employer Occupation
SELF-EMPLOYED ARTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120268

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2015

Amount of Each Receipt this Period
300.00

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

Mailing Address 1962 ROBINS RUN

City State Zip Code
HARTFORD WI 53027

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

Name of Employer Occupation
CUSTOM PAK PRODUCTS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120270

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5700.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LAURENCE BERG

Mailing Address 151 FAIRWAY COURT

City State Zip Code
ONALASKA WI 54650

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

Name of Employer Occupation
GUNDERSEN HEALTH SYSTEM PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120275

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LAURENCE BERG

Mailing Address 151 FAIRWAY COURT

City State Zip Code
ONALASKA WI 54650

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

Name of Employer Occupation
GUNDERSEN HEALTH SYSTEM PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.120276

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
100.00

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

Mailing Address N6388 ENGLISH SETTLEMENT RD

City State Zip Code
ALBANY WI 53502

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120278

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RUSSELL BERGER

Mailing Address **PO BOX 1233**

City State Zip Code
FRONT ROYAL VA 22630

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120280

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RUSSELL BERGER

Mailing Address **PO BOX 1233**

City State Zip Code
FRONT ROYAL VA 22630

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120281

Date of Receipt
M M / D D / Y Y Y Y
07 24 2015

Amount of Each Receipt this Period
500.00

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

Mailing Address **PO BOX 1233**

City State Zip Code
FRONT ROYAL VA 22630

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17A.120282

Date of Receipt
M M / D D / Y Y Y Y
08 17 2015

Amount of Each Receipt this Period
350.00

Subtotal Of Receipts This Page (optional)..... **1350.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEITH BERGH

Mailing Address **PO BOX 88507**

City **SIOUX FALLS** State **SD** Zip Code **57109**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.120284

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
DIANNE W BERGSTROM

Mailing Address **315 CLARK ST**

City **NEENAH** State **WI** Zip Code **54956**

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

Name of Employer **BERGSTROM AUTOMOTIVE** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120286

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
JOHN F BERGSTROM

Mailing Address **150 N GREEN BAY RD**

City **NEENAH** State **WI** Zip Code **54956**

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

Name of Employer **BERGSTROM AUTOMOTIVE** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120288

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **5800.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 179 E LAKE SHORE DR

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
POLISHED NICKEL CAPITAL CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120300

Date of Receipt
MM / DD / YYYY
07 / 20 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LAWRENCE BERNSTEIN

Mailing Address 100 E HURON STREET, APT

City State Zip Code
CHICAGO IL 60611

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

Name of Employer Occupation
SELF EMPLOYED TRADER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120302

Date of Receipt
MM / DD / YYYY
08 / 25 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5400.00

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

Mailing Address 5569 N LAKE DRIVE

City State Zip Code
MILWAUKEE WI 53217

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

Name of Employer Occupation
AS PINDEL CORP EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120304

Date of Receipt
MM / DD / YYYY
07 / 24 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8100.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRANK R BERRY

Mailing Address 217 CAYUGA TR

City State Zip Code
GAINESVILLE TX 76240

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120306

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MONICA BERRY

Mailing Address 709 S REMINGTON DR

City State Zip Code
ANGLETON TX 77515

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

Name of Employer Occupation
HAGEMEYER NORTH AMERICA INDUSTRIAL SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120307

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2015

Amount of Each Receipt this Period
100.00

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

Mailing Address 3618 GOLFVIEW DRIVE

City State Zip Code
MECHANICSBURG PA 17050

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

Name of Employer Occupation
AHOLD USA RETAIL EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120309

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KAREN BERTRAND

Mailing Address **W1890 WASHINGTON ROAD**

City State Zip Code
OCONOMOWOC WI 53066

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120311

Date of Receipt

09 / 14 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DANIEL BERTSCH

Mailing Address **700 LOMBARDY AVENUE APT 7102**

City State Zip Code
NEWPORT NEWS VA 23606

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

Name of Employer Occupation
US AIR FORCE LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.120313

Date of Receipt

07 / 21 / 2015

Amount of Each Receipt this Period

275.00

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

Mailing Address **50 HILL STREET**

City State Zip Code
LEXINGTON MA 02421

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.120315

Date of Receipt

08 / 07 / 2015

Amount of Each Receipt this Period

220.00

Subtotal Of Receipts This Page (optional)..... **995.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address 2221 MCVOID

City State Zip Code
SPRINGTOWN TX 76082

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120317

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PAUL BESTE

Mailing Address 14095 GOLF PARKWAY

City State Zip Code
BROOKFIELD WI 53005

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

Name of Employer Occupation
SELF-EMPLOYED NA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.120319

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
700.00

C. Full Name (Last, First, Middle Initial)
JAMES A BEVINGTON

Mailing Address 2147 CAMINO LAUREL

City State Zip Code
SAN CLEMENTE CA 92673

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120321

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LINDA E. BEYER

Mailing Address **257 BLACKSTRAP RD**

City **FALMOUTH** State **ME** Zip Code **04105**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120323

Date of Receipt

07 / **14** / **2015**

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
LINDA E. BEYER

Mailing Address **257 BLACKSTRAP RD**

City **FALMOUTH** State **ME** Zip Code **04105**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120324

Date of Receipt

07 / **26** / **2015**

Amount of Each Receipt this Period

500.00

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

Mailing Address **257 BLACKSTRAP RD**

City **FALMOUTH** State **ME** Zip Code **04105**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120325

Date of Receipt

08 / **13** / **2015**

Amount of Each Receipt this Period

-500.00

Subtotal Of Receipts This Page (optional)..... **500.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARGARET BIELIK

Mailing Address 1144 BULEVAR DE PALMAS

City State Zip Code
MARATHON FL 33050

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120332

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MARGARET BIELIK

Mailing Address 1144 BULEVAR DE PALMAS

City State Zip Code
MARATHON FL 33050

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128801

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

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

Mailing Address 1144 BULEVAR DE PALMAS

City State Zip Code
MARATHON FL 33050

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2735.00

Transaction ID : SA17A.120333

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
35.00

Subtotal Of Receipts This Page (optional).....▶ 5435.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL BIELIK

Mailing Address 1144 BULEVAR DE PALMAS

City State Zip Code
MARATHON FL 33050

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128803

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
BROCK BIERMAN

Mailing Address 35086 HARRY BYRD HIGHWAY

City State Zip Code
ROUND HILL VA 20141

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

Name of Employer Occupation
ANCESTRY.COM SENIOR DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120335

Date of Receipt
M M / D D / Y Y Y Y
07 / 07 / 2015

Amount of Each Receipt this Period
2700.00

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

Mailing Address 35086 HARRY BYRD HIGHWAY

City State Zip Code
ROUND HILL VA 20141

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

Name of Employer Occupation
ANCESTRY.COM SENIOR DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120336

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 5400.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BROCK BIERMAN

Mailing Address 35086 HARRY BYRD HIGHWAY

City State Zip Code
ROUND HILL VA 20141

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

Name of Employer Occupation
ANCESTRY.COM SENIOR DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128763

Date of Receipt
MM / DD / YYYY
08 / 28 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
BROCK BIERMAN

Mailing Address 35086 HARRY BYRD HIGHWAY

City State Zip Code
ROUND HILL VA 20141

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

Name of Employer Occupation
ANCESTRY.COM SENIOR DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128764

Date of Receipt
MM / DD / YYYY
08 / 28 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

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

Mailing Address 8424 RIVER TERRACE DR

City State Zip Code
FRANKLIN WI 53132

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120337

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

Amount of Each Receipt this Period
150.00

Subtotal Of Receipts This Page (optional).....▶ 150.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA A BIRCK

Mailing Address **W6099 WILLOW BEND RD**

City **WALWORTH** State **WI** Zip Code **53184**

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120350

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TERRY L BIRCK

Mailing Address **W6099 WILLOW BEND ROAD**

City **WALWORTH** State **WI** Zip Code **53184**

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120352

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
TERRY L BIRCK

Mailing Address **W6099 WILLOW BEND ROAD**

City **WALWORTH** State **WI** Zip Code **53184**

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120353

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CYNTHIA BLACK

Mailing Address 11524 INDIAN HAWTHORNE ST.

City	State	Zip Code
BAKERSFIELD	CA	93311

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120361

Date of Receipt

M M / D D / Y Y Y Y
08 / 29 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
KAREN BLACK

Mailing Address 3341 AVENIDA HACIEND

City	State	Zip Code
ESCONDIDO	CA	92029

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120362

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

<input type="text" value="1500.00"/>

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

Mailing Address 3341 AVENIDA HACIENDA

City	State	Zip Code
ESCONDIDO	CA	92029

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120364

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

<input type="text" value="1500.00"/>

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID BLANTON

Mailing Address 14 CALLE CENIZO

City State Zip Code
BROWNSVILLE TX 78520

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120380

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
STAN BLANTON

Mailing Address 3025 CAMBRIDGE ROAD

City State Zip Code
BIRMINGHAM AL 35223

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120382

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2015

Amount of Each Receipt this Period
1000.00

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

Mailing Address 730 FIFTH AVENUE, 20TH

City State Zip Code
NEW YORK NY 10019

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120384

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
5400.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 1500.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEVEN BLEDSOE

Mailing Address 4651 OCEANKNOLL DR

City State Zip Code
HUNTINGTON BE CA 92649

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ARENT FOX LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120393

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
CHRISTIN BLESSING

Mailing Address 308 E PEPPERCORN DR

City State Zip Code
APPLETON WI 54913

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MILLER ELECTRIC MFG. CO DIRECTOR OF HUMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120395

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

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

Mailing Address 20855 MACCAULAY DRIVE

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120397

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LEANNE BLOOM

Mailing Address **6635 TURNBULL MILL R**

City **ALPENA** State **MI** Zip Code **49707**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.120398

Date of Receipt

08 / 24 / 2015

Amount of Each Receipt this Period

110.00

B. Full Name (Last, First, Middle Initial)
SHARON BLOOM

Mailing Address **20855 MACCAULAY DRIVE**

City **BROOKFIELD** State **WI** Zip Code **53045**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120400

Date of Receipt

08 / 10 / 2015

Amount of Each Receipt this Period

500.00

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

Mailing Address **20855 MACCAULAY DRIVE**

City **BROOKFIELD** State **WI** Zip Code **53045**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.120401

Date of Receipt

08 / 10 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **860.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ERIC BOELTER

Mailing Address **W291N3821 ROUND HILL CIR**

City State Zip Code
PEWAUKEE WI 53072

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

Name of Employer Occupation
BOELTER COMPANIES OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120412

Date of Receipt
M M / D D / Y Y Y Y
07 21 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ALLEN BOETTCHER

Mailing Address **PO BOX 238**

City State Zip Code
BOTTINEAU ND 58318

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120414

Date of Receipt
M M / D D / Y Y Y Y
07 23 2015

Amount of Each Receipt this Period
300.00

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

Mailing Address **926 IRONWOOD RD**

City State Zip Code
HARLAN IA 51537

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120416

Date of Receipt
M M / D D / Y Y Y Y
07 17 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **1300.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JULIUS BOGGUS

Mailing Address 1554 BUCK ISLAND DRIVE

City State Zip Code
GUNTERSVILLE AL 35976

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120418

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RICHARD BOGNER

Mailing Address 4 HUNTERS LN

City State Zip Code
ROSLYN NY 11576

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120419

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
100.00

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

Mailing Address 4 HUNTERS LN

City State Zip Code
ROSLYN NY 11576

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.120420

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

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-P
ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN A BOLLERO

Mailing Address **W3590 MAPLE LN**

City State Zip Code
LAKE GENEVA WI 53147

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120438

Date of Receipt
M M / D D / Y Y Y Y
08 07 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARC BOND

Mailing Address **14720 PARK HILLS CIRCLE**

City State Zip Code
ANCHORAGE AK 99516

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

Name of Employer Occupation
HILCORP ALASKA COUNSELOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120440

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
250.00

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

Mailing Address **6252 GREATWATER DRIVE**

City State Zip Code
WINDERMERE FL 34786

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

Name of Employer Occupation
JOHNSONVILLE LEARNING COORDINATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120442

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3950.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID BORCHARDT

Mailing Address 1236 W TWAIN AVE

City State Zip Code
FRESNO CA 93711

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120447

Date of Receipt

M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
SHIRLEY M BOREN

Mailing Address 2433 ST ROAD 105

City State Zip Code
ATKINS AR 72823

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120449

Date of Receipt

M M / D D / Y Y Y Y
08 23 2015

Amount of Each Receipt this Period

250.00

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

Mailing Address 295 GRANDE WAY, #504

City State Zip Code
NAPLES FL 34110-6481

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-50.00

Transaction ID : SA17A.16431

Date of Receipt

M M / D D / Y Y Y Y
06 26 2015

CHARGEBACK

Amount of Each Receipt this Period

-50.00

Subtotal Of Receipts This Page (optional).....▶ **450.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID BORGEN

Mailing Address 429 E DUPONT ROAD

City State Zip Code
FORT WAYNE IN 46825

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120451

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ERIC BORGERDING

Mailing Address 325 GLACIER RIDGE TR

City State Zip Code
VERONA WI 53593

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

Name of Employer Occupation
WISCONSIN HOSPITAL ASSOCIATION CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120453

Date of Receipt

/ /

Amount of Each Receipt this Period

1000.00

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

Mailing Address 325 GLACIER RIDGE TR

City State Zip Code
VERONA WI 53593

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

Name of Employer Occupation
WISCONSIN HOSPITAL ASSOCIATION CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.120454

Date of Receipt

/ /

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **2250.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
B. BOWIE-WHITMAN

Mailing Address 4326 UPLAND DR

City	State	Zip Code
ALEXANDRIA	VA	22310

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.120472

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			06			2015			

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
B. BOWIE-WHITMAN

Mailing Address 4326 UPLAND DR

City	State	Zip Code
ALEXANDRIA	VA	22310

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 3700.00

Transaction ID : SA17A.120473

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
B. BOWIE-WHITMAN

Mailing Address 4326 UPLAND DR

City	State	Zip Code
ALEXANDRIA	VA	22310

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 6400.00

Transaction ID : SA17A.120474

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

Amount of Each Receipt this Period
 2700.00

Subtotal Of Receipts This Page (optional)..... 6400.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
B. BOWIE-WHITMAN

Mailing Address 4326 UPLAND DR

City State Zip Code
ALEXANDRIA VA 22310

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9100.00

Transaction ID : SA17A.120475

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
B. BOWIE-WHITMAN

Mailing Address 4326 UPLAND DR

City State Zip Code
ALEXANDRIA VA 22310

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6400.00

Transaction ID : SA17A.120476

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-2700.00

C. Full Name (Last, First, Middle Initial)
B. BOWIE-WHITMAN

Mailing Address 4326 UPLAND DR

City State Zip Code
ALEXANDRIA VA 22310

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3700.00

Transaction ID : SA17A.120477

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-2700.00

Subtotal Of Receipts This Page (optional).....▶ -2700.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
B. BOWIE-WHITMAN

Mailing Address 4326 UPLAND DR

City	State	Zip Code
ALEXANDRIA	VA	22310

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.120478

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

CHARGEBACK

Amount of Each Receipt this Period

_____ -2700.00

B. Full Name (Last, First, Middle Initial)
BARBARA BOWIE-WHITMAN

Mailing Address 4326 UPLAND DRIVE

City	State	Zip Code
ALEXANDRIA	VA	22310

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1700.00

Transaction ID : SA17A.120480

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2015

Amount of Each Receipt this Period

_____ 1700.00

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

Mailing Address 3315 W COBBLESTONE C

City	State	Zip Code
HARLINGEN	TX	78550

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

Name of Employer	Occupation
AUTOSYSTEMS AMERICA INC.	MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Transaction ID : SA17A.120481

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

_____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ -750.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DEVERE BOYD

Mailing Address 433 ARLINGTON ST.

City State Zip Code
GRAND HAVEN MI 49417

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

Name of Employer Occupation
NATIONAL BUSINESS BROKERS 0

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120483

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
BRADLEY BOYER

Mailing Address 66 GLENVIBE ROAD

City State Zip Code
GREENWICH CT 06831

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

Name of Employer Occupation
TWO SIGMA INVESTMENTS LLC INVESTMENT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.120485

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2015

Amount of Each Receipt this Period

1500.00

C. Full Name (Last, First, Middle Initial)
JOHN BOYETTE SR.

Mailing Address 4550 MERCK ROAD W

City State Zip Code
WILSON NC 27893

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.120487

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

220.00

Subtotal Of Receipts This Page (optional).....▶ 1970.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RALPH BOZEMAN

Mailing Address **PO BOX 20590**

City **HOT SPRINGS** State **AR** Zip Code **71903**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120489

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RALPH BOZEMAN

Mailing Address **PO BOX 20590**

City **HOT SPRINGS** State **AR** Zip Code **71903**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.120490

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period
100.00

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

Mailing Address **419 SOUTH GARFIELD AVE.**

City **JANESVILLE** State **WI** Zip Code **53545**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120492

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **850.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANIS BRACKEY

Mailing Address 4647 THOMAS RUSK

City State Zip Code
SAN ANTONIO TX 78253

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.120494

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
203.00

B. Full Name (Last, First, Middle Initial)
D SCOTT BRADLEY

Mailing Address 2275 E TIMBERTRAILS ROAD

City State Zip Code
LISLE IL 60532

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

Name of Employer Occupation
INVESTORTOOLS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120496

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES R BRADLEY

Mailing Address 4110 MANDAN CRES

City State Zip Code
MADISON WI 53711

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120498

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 703.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHIRLEY BRAGEL

Mailing Address 85 CRABTREE RD

City State Zip Code
QUINCY MA 02171

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120504

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
STUART BRAINERD

Mailing Address 1802 W BERTEAU AVE
STE 205

City State Zip Code
CHICAGO IL 60613

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SYNAPSE NETWORKS IT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120506

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MARLIN M BRALLIER

Mailing Address 2110 FIREMANS LODGE

City State Zip Code
ALEXANDRIA MN 56308

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120508

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT BRAMLETT

Mailing Address **PO BOX 369**

City State Zip Code
ARDMORE OK 73402

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

Name of Employer Occupation
THE BRAMLETT AGENCY, INC. INDEPENDENT INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120510

Date of Receipt
M M / D D / Y Y Y Y
07 15 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JANEL BRANDTJEN

Mailing Address **N52W16632 OAK RIDGE**

City State Zip Code
MENOMONEE FAL WI 53051

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

Name of Employer Occupation
GROUP ONE MARKETING INC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.120512

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
450.00

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

Mailing Address **2400 TAXIWAY ECHO**

City State Zip Code
PORT ORANGE FL 32128

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120514

Date of Receipt
M M / D D / Y Y Y Y
08 04 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **3650.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID BRASWELL

Mailing Address 2119 STRADIVARIUS LN

City	State	Zip Code
CARROLLTON	TX	75007

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

Name of Employer	Occupation
PALO ALTO NETWORKS	NETWORK SECURITY ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120515

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	5

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DARRELL S BRAUN

Mailing Address 5804 LAKE EDGE ROAD

City	State	Zip Code
MCFARLAND	WI	53558

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

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120517

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

Amount of Each Receipt this Period

250.00

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

Mailing Address 6 FAWN DR

City	State	Zip Code
LIVINGSTON	NJ	07039

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120518

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional).....▶ 550.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUSAN BRENNAN

Mailing Address 12314 N WOODFIELD COURT

City State Zip Code
MEQUON WI 53092

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120524

Date of Receipt

07 / 30 / 2015

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY BRENNAN

Mailing Address 455 COUNTRY CLUB LANE

City State Zip Code
ONALASKA WI 54650

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

Name of Employer Occupation
RIVER STEEL, INC. CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120526

Date of Receipt

07 / 16 / 2015

Amount of Each Receipt this Period

250.00

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

Mailing Address 7 EAST 14TH STREET - APT. 730

City State Zip Code
NEW YORK NY 10003

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120528

Date of Receipt

07 / 16 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **550.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **217 FOY ROAD**

City **MADISON** State **AL** Zip Code **35758**

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

Name of Employer **NASA** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120530

Date of Receipt
 M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
 476.00

Amount of Each Receipt this Period
 476.00

B. Full Name (Last, First, Middle Initial)
CLAYTON BRIDGES

Mailing Address **1669 ADSWOOD RD**

City **CLARKSVILLE** State **TN** Zip Code **37042**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120531

Date of Receipt
 M M / D D / Y Y Y Y
07 / 10 / 2015

Amount of Each Receipt this Period
 200.00

Amount of Each Receipt this Period
 200.00

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

Mailing Address **584 CUMBERLAND RIDGE**

City **BOWLING GREEN** State **KY** Zip Code **42103**

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

Name of Employer **BGMU** Occupation **CFO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120532

Date of Receipt
 M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
 50.00

Amount of Each Receipt this Period
 50.00

Subtotal Of Receipts This Page (optional).....▶ **726.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY BRIDGES

Mailing Address **584 CUMBERLAND RIDGE**

City **BOWLING GREEN** State **KY** Zip Code **42103**

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

Name of Employer **BGMU** Occupation **CFO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.120533

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
KENNETH BRIGGS

Mailing Address **1801 9TH ST**

City **LOS OSOS** State **CA** Zip Code **93402**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
238.00

Transaction ID : SA17A.120534

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2015

Amount of Each Receipt this Period
103.00

C. Full Name (Last, First, Middle Initial)
ROSEMARY H BRIGGS

Mailing Address **4711 WATAUGA RD**

City **DALLAS** State **TX** Zip Code **75209**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120536

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **1203.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOEL BRIND

Mailing Address **57 POINT ST**

City State Zip Code
NEW HAMBURG NY 12590

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

Name of Employer Occupation
BARUCH COLLEGE, CUNY PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120538

Date of Receipt
M M / D D / Y Y Y Y
07 26 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT BRINKMAN

Mailing Address **1761 SE 7TH ST**

City State Zip Code
FORT LAUDERDALE FL 33316

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120540

Date of Receipt
M M / D D / Y Y Y Y
06 22 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BEATRICE T BRITTON

Mailing Address **466 HIGHLAND ST APT B23
P**

City State Zip Code
SOUTH HAMILTON MA 01982

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120542

Date of Receipt
M M / D D / Y Y Y Y
07 23 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **2500.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BEATRICE T BRITTON

Mailing Address **466 HIGHLAND ST APT B23
P**

City **SOUTH HAMILTO** State **MA** Zip Code **01982**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Transaction ID : SA17A.120543

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
200.00

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

Mailing Address **605 RAINBOW COVE**

City **AUSTIN** State **TX** Zip Code **78746**

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

Name of Employer **BROADDUS & ASSOCIATES** Occupation **ASSOCIATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120545

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DONNIE V BROCK

Mailing Address **2021 S LEWIS AVE**

City **TULSA** State **OK** Zip Code **74104**

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

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120547

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **700.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN BROCK

Mailing Address **2021 S LEWIS AVE**
T

City **TULSA** State **OK** Zip Code **74104**

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

Name of Employer **ROCKFORD EXPLORATION** Occupation **PETROLEUM ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120549

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

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

Mailing Address **2021 S LEWIS AVE**
T

City **TULSA** State **OK** Zip Code **74104**

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

Name of Employer **ROCKFORD EXPLORATION** Occupation **PETROLEUM ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120550

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

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

Mailing Address **1215 JAMES MADISON H**

City **HAYMARKET** State **VA** Zip Code **20169**

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

Name of Employer **VIRGINIA BEEF CORPORATION** Occupation **AGRICUTURE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120552

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **5650.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARION BROCKETTE

Mailing Address 3324 PHAETON COURT

City State Zip Code
PLANO TX 75023

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120554

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DOUG BROCKWAY

Mailing Address 4490 BIRCHWOOD LANE

City State Zip Code
ALLISON PARK PA 15101

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

Name of Employer Occupation
CINCINNATI FINANCIAL SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120556

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BRENT R BRODESKI

Mailing Address 5132 PARLIAMENT PL

City State Zip Code
ROCKFORD IL 61107

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

Name of Employer Occupation
SAVANT CAPITAL LLC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120558

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2500.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RENTON BRODIE

Mailing Address 17138 RIVER BLUFF DRIVE

City	State	Zip Code
UNION PIER	MI	49129

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.120560

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

_____	500.00
-------	--------

B. Full Name (Last, First, Middle Initial)
ROBERT E BROOKER

Mailing Address 175 SCHOOL ST

City	State	Zip Code
MANCHESTER	MA	01944

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Transaction ID : SA17A.120562

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Amount of Each Receipt this Period

_____	2000.00
-------	---------

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

Mailing Address 1262 WINWOOD DRIVE

City	State	Zip Code
LAKE FOREST	IL	60045

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

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.120564

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Amount of Each Receipt this Period

_____	1000.00
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Subtotal Of Receipts This Page (optional).....▶ **3500.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEVEN BROOKS

Mailing Address 3703 N ALPINE RD

City State Zip Code
ROCKFORD IL 61114

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

Name of Employer Occupation
ROAD RANGER LLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120566

Date of Receipt

M M / D D / Y Y Y Y
07 / 06 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
BETTY BROWN

Mailing Address 45 HOGAN FARM ROAD

City State Zip Code
SEAGROVE NC 27341

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

Name of Employer Occupation
SELF-EMPLOYED VETERINARIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120568

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

500.00

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

Mailing Address 7320 N COUNTRY CLUB DRIVE

City State Zip Code
OKLAHOMA CITY OK 73116

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120570

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE BROWN

Mailing Address 26291 MIRA WAY

City State Zip Code
BONITA SPRINGS FL 34134

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120572

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
GEORGE BROWN

Mailing Address 26291 MIRA WAY

City State Zip Code
BONITA SPRINGS FL 34134

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120573

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period

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

Mailing Address 26291 MIRA WAY

City State Zip Code
BONITA SPRINGS FL 34134

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120574

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

CHARGEBACK

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JAMES BROWN Mailing Address 700 FRONT STREET City SAN DIEGO State CA Zip Code 92101 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		Transaction ID : SA17A.120576 Date of Receipt M M / D D / Y Y Y Y 08 / 06 / 2015 Amount of Each Receipt this Period <input type="text" value="1000.00"/>
--	--	--

B. Full Name (Last, First, Middle Initial) JAMES BROWN Mailing Address 1051 CLARK ST City ABINGDON State VA Zip Code 24210 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer SELF-EMPLOYED Occupation FARMING/ENERGY PRODUCTION Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		Transaction ID : SA17A.120578 Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
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C. Full Name (Last, First, Middle Initial) JANE BROWN Mailing Address 26643 CLARK RD City WALLER State TX Zip Code 77484 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INCENTIVE FLOOR MAINTENANCE, INC. Occupation OFFICE MANAGER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		Transaction ID : SA17A.120580 Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
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Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 194 / 2684

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) MARY ANN BROWN			Transaction ID : SA17A.120582																						
Mailing Address 304 WEYMOUTH PLACE			Date of Receipt <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>06</td><td></td><td></td><td>22</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	06			22			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
06			22			2015																			
City LAGUNA BEACH		State CA	Zip Code 92651		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
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Name of Employer PACIFIC LIFE INSURANCE		Occupation E.V.P.																							
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>				1000.00																			
1000.00																									
B. Full Name (Last, First, Middle Initial) MICHAEL G BROWN			Transaction ID : SA17A.120584																						
Mailing Address 212 PRAIRIE LN			Date of Receipt <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>07</td><td></td><td></td><td>29</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	07			29			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
07			29			2015																			
City FORSYTH		State IL	Zip Code 62535		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
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FEC ID number of contributing federal political committee.			<table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																			
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Name of Employer BNA		Occupation MANAGER																							
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>				250.00																			
250.00																									
C. Full Name (Last, First, Middle Initial) MICHAEL BROWN			Transaction ID : SA17A.120586																						
Mailing Address 1111 NECHES DRIVE			Date of Receipt <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>09</td><td></td><td></td><td>02</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	09			02			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
09			02			2015																			
City ALLEN		State TX	Zip Code 75013		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
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C																									
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED																							
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>				1000.00																			
1000.00																									
Subtotal Of Receipts This Page (optional)			<table border="1"> <tr> <td colspan="10">2250.00</td> </tr> </table>			2250.00																			
2250.00																									
Total This Period (last page this line number only)			<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																						

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA BROWN

Mailing Address 626 ELLIOTT RD

City State Zip Code
MCDONOUGH GA 30252

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

Name of Employer Occupation
SERVPRO OF DECATUR VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.120587

Date of Receipt

08 / 10 / 2015

Amount of Each Receipt this Period

125.00

B. Full Name (Last, First, Middle Initial)
PATRICIA BROWN

Mailing Address 626 ELLIOTT RD

City State Zip Code
MCDONOUGH GA 30252

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

Name of Employer Occupation
SERVPRO OF DECATUR VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17A.120588

Date of Receipt

09 / 09 / 2015

Amount of Each Receipt this Period

100.00

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

Mailing Address 3729 RAILWAY AVE SE

City State Zip Code
HUNTSVILLE AL 35801

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

Name of Employer Occupation
AVAILABLE PLASTICS, INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120590

Date of Receipt

07 / 15 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **725.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) THOMAS BROWN Mailing Address 3 DUNWOODIE PLACE City GREENWICH State CT Zip Code 06830 FEC ID number of contributing federal political committee. C Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00			Transaction ID : SA17A.120592 Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2015 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) WAYNE BROWN Mailing Address 1574 STATE RT 23 City BUTLER State NJ Zip Code 07405 FEC ID number of contributing federal political committee. C Name of Employer SELF-EMPLOYED Occupation CONTRACTOR Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 325.00			Transaction ID : SA17A.120593 Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2015 Amount of Each Receipt this Period 150.00
C. Full Name (Last, First, Middle Initial) WAYNE BROWN Mailing Address 1574 STATE RT 23 City BUTLER State NJ Zip Code 07405 FEC ID number of contributing federal political committee. C Name of Employer SELF-EMPLOYED Occupation CONTRACTOR Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 330.00			Transaction ID : SA17A.120594 Date of Receipt M M / D D / Y Y Y Y 09 / 16 / 2015 Amount of Each Receipt this Period 5.00

Subtotal Of Receipts This Page (optional).....▶ **655.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT BRUCE

Mailing Address **100 BOERNE STAGE AIRFIELD**

City **BOERNE** State **TX** Zip Code **78006**

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

Name of Employer **BOERNE STAGE AIRFIELD** Occupation **SELF EMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120602

Date of Receipt

07 / 13 / 2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DON BRUCKNER

Mailing Address **911 WAGON TRAIN DR S**

City **ALBUQUERQUE** State **NM** Zip Code **87123**

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

Name of Employer **GUEBERT BRUCKNER P.C.** Occupation **GUEBERT BRUCKNER P.C.**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120604

Date of Receipt

07 / 15 / 2015

Amount of Each Receipt this Period

1000.00

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

Mailing Address **600 REED RD
S**

City **BROOMALL** State **PA** Zip Code **19008**

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

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

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120606

Date of Receipt

06 / 23 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **2250.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ULLA E BRUNK

Mailing Address **W3885 CREEK LN**

City State Zip Code
LAKE GENEVA WI 53147

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

Name of Employer Occupation
BRUNK INDUSTRIES, INC. CFO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120608

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JANELL S BRUNNER

Mailing Address **11939 MANCHESTER RD #**

City State Zip Code
SAINT LOUIS MO 63131

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120610

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
2700.00

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

Mailing Address **11939 MANCHESTER ROAD #**

City State Zip Code
ST. LOUIS MO 63131

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Transaction ID : SA17A.120612

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2300.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BARBARA BRUNS

Mailing Address **S1W31433 HICKORY HOL**

City State Zip Code
DELAFIELD WI 53018

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

Name of Employer Occupation
BRUNS APPRAISAL LLC REAL ESTATE AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
290.00

Transaction ID : SA17A.120613

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROGER BRUNS

Mailing Address **10921 SOUTH COLLEGE LN**

City State Zip Code
OLATHE KS 66061

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120615

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
500.00

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

Mailing Address **2892 LANE JACK ROAD**

City State Zip Code
CARLSBAD CA 92008

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

Name of Employer Occupation
NEWPORT NATIONAL INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.120617

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ **2750.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

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

Mailing Address **PO BOX 215**

City State Zip Code
GLENNS FERRY ID 83623

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120625

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
STEVEN BRYANT

Mailing Address **PO BOX 7**

City State Zip Code
SENECA SD 57473

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.120627

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
2500.00

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

Mailing Address **PO BOX 7**

City State Zip Code
SENECA SD 57473

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2553.00

Transaction ID : SA17A.120628

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
53.00

Subtotal Of Receipts This Page (optional)..... **2803.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELIZABETH BRYDEN

Mailing Address 1 W 67TH STREET APT 611

City State Zip Code
NEW YORK NY 10023

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
305.00

Transaction ID : SA17A.120630

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
305.00

B. Full Name (Last, First, Middle Initial)
JEROME BUBOLTZ

Mailing Address 7200 SUSAN DR

City State Zip Code
WEST BEND WI 53090

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

Name of Employer Occupation
AURORA MEDICAL CENTER
WASHINGTON COUNTY PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120632

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
250.00

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

Mailing Address 27468 SHACKETT AVE

City State Zip Code
WARREN MI 48093

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.120634

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
203.00

Subtotal Of Receipts This Page (optional).....▶ 758.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT D BUCKINGHAM

Mailing Address 5311 CARRIAGE HILLS

City State Zip Code
RAPID CITY SD 57702

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PLORAH, INC. EDUCATION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120636

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

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DANIEL BUCKLEY

Mailing Address 4284 S HUDSON PKWY

City State Zip Code
CHERRY HILLS CO 80113

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BUCKLEY POWDER COMPANY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120638

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

Amount of Each Receipt this Period

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

Mailing Address 105 AIRPORT ROAD

City State Zip Code
POTTSTOWN PA 19464

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BUCKMAN'S INC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120640

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

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALFRED J BUESCHER

Mailing Address 17001 SHAKER BOULEVARD

City State Zip Code
SHAKER HEIGHT OH 44120

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120641

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MARY BUESTRIN

Mailing Address 1000 W. CALUMET RD.

City State Zip Code
RIVER HILLS WI 53217

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120642

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
100.00

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

Mailing Address 1045 ROSEWOOD DRIVE

City State Zip Code
ATLANTA GA 30306

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

Name of Employer Occupation
ALSTON & BIRD ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120644

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 700.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN BUHLMAN

Mailing Address **N419 296TH STREET**

City **EAU GALLE** State **WI** Zip Code **54737**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Transaction ID : SA17A.19516

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
100.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DANIEL BUKOWSKI

Mailing Address **702 S. WRIGHT ST.**

City **NAPERVILLE** State **IL** Zip Code **60540**

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

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120649

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BRANT N BUKOWSKY

Mailing Address **217 N 9TH ST**

City **COLUMBIA** State **MO** Zip Code **65201**

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

Name of Employer **BUKOWSKY LAW FIRM** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120651

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

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-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONNA BUNN

Mailing Address **PO BOX 513**

City State Zip Code
LOTHIAN MD 20711

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120659

Date of Receipt

09 / 03 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JONATHAN BURKAN

Mailing Address **49 N 8TH STREET, APT 40**

City State Zip Code
BROOKLYN NY 11249

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

Name of Employer Occupation
UBS FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120661

Date of Receipt

06 / 18 / 2015

Amount of Each Receipt this Period

2700.00

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

Mailing Address **7710 NORTH MERRIE LANE**

City State Zip Code
MILWAUKEE WI 53217

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

Name of Employer Occupation
BURKE PROPERTIES CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120663

Date of Receipt

09 / 15 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **2950.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KATHRYN M BURKE

Mailing Address 7710 N MERRIE LN

City State Zip Code
MILWAUKEE WI 53217

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120665

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
KATHRYN M BURKE

Mailing Address 7710 N MERRIE LN

City State Zip Code
MILWAUKEE WI 53217

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120666

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROBERT J BURKE

Mailing Address PO BOX 1539

City State Zip Code
HOBOKEN NJ 07030

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

Name of Employer Occupation
UNION DRY DOCK & REPARI CHIEF EXECUTIVE OFFICER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.120667

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES BURKETT

Mailing Address 15502 AMBER HOLLOW LN.

City	State	Zip Code
CYPRESS	TX	77429

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120672

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			06			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
GEORGE BURNETT

Mailing Address 806 LAWTON PLACE

City	State	Zip Code
DE PERE	WI	54115

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Conway, Olejniczak & Jerry	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120674

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

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

Mailing Address 13519 TAYLORCREST

City	State	Zip Code
HOUSTON	TX	77079

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120676

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RONALD E BURR

Mailing Address 1031 WILLOW TRL

City State Zip Code
GOODLETTSVILL TN 37072

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

Name of Employer Occupation
STONEBRIDGE GALLERY SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120678

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
FRANK BURROWS

Mailing Address 1775 WEST OAK COMMONS COURT NE

City State Zip Code
MARIETTA GA 30062

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

Name of Employer Occupation
MIMEDX VP CLINICAL & SCIENTIFIC LIAISON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120680

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

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

Mailing Address 111 BIRNAM WOOD COURT

City State Zip Code
AUSTIN TX 78746

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120682

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STACEY BURRY

Mailing Address 4212 CASSANDRA LN

City	State	Zip Code
PLANO	TX	75093

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.120684

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2015

Amount of Each Receipt this Period

_____ 250.00

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

Mailing Address 7317 WALNUT KNOLL DRIVE

City	State	Zip Code
SPRINGFIELD	VA	22153

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.120686

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period

_____ 250.00

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

Mailing Address 10920 VIA FRONTERA #510

City	State	Zip Code
SAN DIEGO	CA	92127

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.120688

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

_____ 2700.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3200.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AUGUST A BUSCH

Mailing Address **PO BOX 935**

City State Zip Code
SAINT PETERS MO 63376

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120694

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
VIRGINIA L BUSCH

Mailing Address **PO BOX 935**

City State Zip Code
SAINT PETERS MO 63376

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

Name of Employer Occupation
BUSCH & LAMPIN ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.120696

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period
10800.00

C. Full Name (Last, First, Middle Initial)
VIRGINIA L BUSCH

Mailing Address **PO BOX 935**

City State Zip Code
SAINT PETERS MO 63376

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

Name of Employer Occupation
BUSCH & LAMPIN ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120697

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-5400.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **10800.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VIRGINIA L BUSCH

Mailing Address **PO BOX 935**

City State Zip Code
SAINT PETERS MO 63376

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

Name of Employer Occupation
BUSCH & LAMPIN ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120698

Date of Receipt
M M / D D / Y Y Y Y
07 29 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
VIRGINIA L BUSCH

Mailing Address **PO BOX 935**

City State Zip Code
SAINT PETERS MO 63376

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

Name of Employer Occupation
BUSCH & LAMPIN ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120699

Date of Receipt
M M / D D / Y Y Y Y
07 29 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

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

Mailing Address **5944 WOODS EDGE RD**

City State Zip Code
FITCHBURG WI 53711

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

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Transaction ID : SA17A.120701

Date of Receipt
M M / D D / Y Y Y Y
09 04 2015

Amount of Each Receipt this Period
375.00

Subtotal Of Receipts This Page (optional)..... **375.00**

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN A BUTLER

Mailing Address 1005 AUGUSTA AVE.

City	State	Zip Code
WAUSAU	WI	54403

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.120708

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
KAREN M BUTZ

Mailing Address 1120 W DECORAH RD

City	State	Zip Code
WEST BEND	WI	53095

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.120710

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

_____ 300.00

C. Full Name (Last, First, Middle Initial)
KAREN M BUTZ

Mailing Address 1120 W DECORAH RD

City	State	Zip Code
WEST BEND	WI	53095

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.120711

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

_____ 200.00

Subtotal Of Receipts This Page (optional).....▶ **750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RONALD BYER

Mailing Address **87 BAY POINT HARBOUR**

City State Zip Code
POINT PLEASAN NJ 08742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120718

Date of Receipt
M M / D D / Y Y Y Y
07 30 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DAVID F BYERS

Mailing Address **4233 OLD BROOK TRAIL**

City State Zip Code
BIRMINGHAM AL 35243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120720

Date of Receipt
M M / D D / Y Y Y Y
08 23 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM BYRD

Mailing Address **35 S ROYAL FERN DRIVE**

City State Zip Code
THE WOODLANDS TX 77380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RCP, INC ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120722

Date of Receipt
M M / D D / Y Y Y Y
08 31 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3700.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARTHA CADE

Mailing Address 11506 NW 129TH TERRACE

City	State	Zip Code
ALACHUA	FL	32615

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120735

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
LUCILLE CADWELL

Mailing Address 3000 W. BELMONT DR.

City	State	Zip Code
WAUSAU	WI	54401

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120736

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial)
ROGER CAGANN

Mailing Address 469 SUMNER STREET

City	State	Zip Code
GENOA CITY	WI	53128

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AXIOM PROPERTIES, INC	INVESTMENT REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120738

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARGARET CALDWELL

Mailing Address 2975 TERRACE DRIVE

City State Zip Code
LAS CRUCES NM 88011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120757

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM CALDWELL

Mailing Address PO BOX 3579

City State Zip Code
PONTE VEDRA B FL 32004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253.00

Transaction ID : SA17A.120759

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
253.00

C. Full Name (Last, First, Middle Initial)
SUSAN E CALHOUN

Mailing Address 472 GABRIEL DR

City State Zip Code
KIRKWOOD MO 63122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120761

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 753.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TODD CAMPBELL

Mailing Address **3437 TIMBER LAKE COURT**

City State Zip Code
KENNESAW GA 30144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120777

Date of Receipt
M M / D D / Y Y Y Y
08 20 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TRACY CAMPBELL

Mailing Address **356 W WISCONSIN ST**

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120779

Date of Receipt
M M / D D / Y Y Y Y
06 18 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
TRACY CAMPBELL

Mailing Address **356 W WISCONSIN ST**

City State Zip Code
CHICAGO IL 60614

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.120780

Date of Receipt
M M / D D / Y Y Y Y
06 27 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK CANCIAN

Mailing Address 5540 14TH ROAD NORTH

City State Zip Code
ARLINGTON VA 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CSIS WRITER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120782

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JEFFREY CANFIELD

Mailing Address 19307 ROAD Q

City State Zip Code
FORT MORGAN CO 80701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120784

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SALLY CANFIELD

Mailing Address 9034 SEDGWICK PLACE

City State Zip Code
SAINT LOUIS MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120786

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

REATTRIBUTED; SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 500.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SALLY CANFIELD

Mailing Address 9034 SEDGWICK PLACE

City SAINT LOUIS State MO Zip Code 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120787

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SALLY CANFIELD

Mailing Address 9034 SEDGWICK PLACE

City SAINT LOUIS State MO Zip Code 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120788

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WILLIAM W CANFIELD

Mailing Address 9034 SEDGWICK PLACE

City SAINT LOUIS State MO Zip Code 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.120790

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period
10800.00

Subtotal Of Receipts This Page (optional).....▶ 10800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM W CANFIELD

Mailing Address 9034 SEDGWICK PLACE

City State Zip Code
SAINT LOUIS MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120791

Date of Receipt
MM / DD / YYYY
07 / 29 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
WILLIAM W CANFIELD

Mailing Address 9034 SEDGWICK PLACE

City State Zip Code
SAINT LOUIS MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120792

Date of Receipt
MM / DD / YYYY
07 / 29 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WILLIAM W CANFIELD

Mailing Address 9034 SEDGWICK PLACE

City State Zip Code
SAINT LOUIS MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120793

Date of Receipt
MM / DD / YYYY
07 / 29 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRANK CANNELLA

Mailing Address **848 LIBERTY DRIVE**

City **BURLINGTON** State **WI** Zip Code **53105**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CANNELLA RESPONSE** Occupation **ADVERTISING**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120795

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MICHAEL G CANNING

Mailing Address **1650 BALMORAL CIRVLE**

City **INVERNESS** State **IL** Zip Code **60067**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CDW** Occupation **MANAGER COMPENSATION**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.129120

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY M CANNING

Mailing Address **1910 W NORTH AVENUE, SUITE 300**

City **CHICAGO** State **IL** Zip Code **60622**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE LEMON TREE** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.129124

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ **13500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELIZABETH CANNING LUPO

Mailing Address 106 S HOME

City State Zip Code
PARK RIDGE IL 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE CRADLE INTAKE COORDINATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.129118

Date of Receipt
M M / D D / Y Y Y Y
09 18 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
JOHN CANNON

Mailing Address 2928 CLAREMONT RD.

City State Zip Code
SHAKER HTS. OH 44122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED STOCK TRADER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.120796

Date of Receipt
M M / D D / Y Y Y Y
08 19 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN CANNON

Mailing Address 455 LEDGEWOOD DRIVE

City State Zip Code
FOND DU LAC WI 54937

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120798

Date of Receipt
M M / D D / Y Y Y Y
09 11 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN F CANNON

Mailing Address 10 OLD JACKSON AVENUE #49

City State Zip Code
HASTINGS-ON-HUDSON NY 10706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120800

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
JOHN F CANNON

Mailing Address 10 OLD JACKSON AVENUE #49

City State Zip Code
HASTINGS-ON-HUDSON NY 10706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120801

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
ROBERT CANNON

Mailing Address 348 TURRET DR

City State Zip Code
ROCK SPRINGS WY 82901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CANNON OIL & GAS CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120803

Date of Receipt

/ /

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) TED CANNON		Transaction ID : SA17A.120805																					
Mailing Address 71 BLUEJAY		Date of Receipt																					
City IRVINE	State CA	Zip Code 92604	<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>07</td><td></td><td></td><td>16</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	07			16			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			16			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00																					
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00																						

B. Full Name (Last, First, Middle Initial) JOHN CANTRELL		Transaction ID : SA17A.120807																					
Mailing Address 333 ELIZABETH ROAD		Date of Receipt																					
City TERRELL HILLS	State TX	Zip Code 78209	<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>07</td><td></td><td></td><td>25</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	07			25			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			25			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 216.00																					
Name of Employer RETIRED	Occupation RETIRED																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 216.00																						

C. Full Name (Last, First, Middle Initial) AMY E CAPE		Transaction ID : SA17A.120809																					
Mailing Address 4908 3 MILE ROAD		Date of Receipt																					
City RACINE	State WI	Zip Code 53406	<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>07</td><td></td><td></td><td>31</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	07			31			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			31			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																					
Name of Employer CORNERSTONE PAVERS	Occupation OWNER																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00																						

Subtotal Of Receipts This Page (optional).....▶ **966.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) AMY E CAPE		Transaction ID : SA17A.120810
Mailing Address 4908 3 MILE ROAD		Date of Receipt
City RACINE	State WI	<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer CORNERSTONE PAVERS	Occupation OWNER	<input type="text" value="1000.00"/>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="1500.00"/>	

B. Full Name (Last, First, Middle Initial) JOSEPH CAPITANI		Transaction ID : SA17A.120812
Mailing Address 1411 COURTLAND		Date of Receipt
City PARKRIDGE	State IL	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	<input type="text" value="250.00"/>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="250.00"/>	

C. Full Name (Last, First, Middle Initial) PAUL CAPRIO		Transaction ID : SA17A.120814
Mailing Address 414 N ORLEANS ST		Date of Receipt
City CHICAGO	State IL	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer PAUL CAPRIO & ASSOCIATES	Occupation OWNER	<input type="text" value="1000.00"/>
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 241 / 2684

<input type="checkbox"/> 16	<input checked="checked" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARCIA S CARABELL

Mailing Address **911 SEAGATE DR**

City State Zip Code
DELRAY BEACH FL 33483

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120816

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GEORGETT S CARBAJAL

Mailing Address **1420 HIGHLAND DRIVE**

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETAIL MERCHANDISING SERVICES TRAINER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120818

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RHONDA CARDELLA

Mailing Address **1602 E JUNIPER WAY**

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120820

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS J CARDELLA

Mailing Address 1602 E JUNIPER WAY

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILLERCOORS PRESIDENT: EASTERN DIVISION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120822

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
THOMAS J CARDELLA

Mailing Address 1602 E JUNIPER WAY

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILLERCOORS PRESIDENT: EASTERN DIVISION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120823

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JIM CARDON

Mailing Address 11 HILLAIR CT

City State Zip Code
WHITE PLAINS NY 10605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CISCO ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120825

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

16 17a 17b 17c 17d 18
 19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DOUG CAREY

Mailing Address 2200 BRIENZ VALLEY D

City State Zip Code
FRANKLIN TN 37064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CSI, LLC ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date **250.00**

Transaction ID : SA17A.120827

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DR. ANN CARLI

Mailing Address 2490 BRENNER PL

City State Zip Code
GREEN BAY WI 54301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ADVANCED EYECARE CENTER OPTOMETRIST/OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date **260.00**

Transaction ID : SA17A.120828

Date of Receipt
MM / DD / YYYY
07 / 25 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES CARLSON

Mailing Address 1504 MARSHA AVE

City State Zip Code
MODESTO CA 95350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼ Election Cycle-to-Date **250.00**

Transaction ID : SA17A.120830

Date of Receipt
MM / DD / YYYY
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES CARLSON

Mailing Address 1504 MARSHA AVE

City	State	Zip Code
MODESTO	CA	95350

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.120831

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
MARY CARLTON

Mailing Address 4308 LEALAND LN

City	State	Zip Code
NASHVILLE	TN	37204

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
BUNTIN GROUP	ADVERTISING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 220.00

Transaction ID : SA17A.120832

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

_____ 100.00

C. Full Name (Last, First, Middle Initial)
MICHAEL CARLTON

Mailing Address 330 BOUNDARY PLACE

City	State	Zip Code
ROSWELL	GA	30075

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MIMEDX	MEDICAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.120834

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2015

Amount of Each Receipt this Period

_____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1350.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE CARMICHAEL

Mailing Address 4901 WORNALL ROAD APT 902

City State Zip Code
KANSAS CITY MO 64112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120835

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
GEORGE CARMICHAEL

Mailing Address 4901 WORNALL ROAD APT 902

City State Zip Code
KANSAS CITY MO 64112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.120836

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
GEORGE CARMICHAEL

Mailing Address 4901 WORNALL ROAD APT 902

City State Zip Code
KANSAS CITY MO 64112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120837

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CAROL CARPENTER

Mailing Address **656 W EVERGREEN COURT**

City State Zip Code
MILWAUKEE WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120844

Date of Receipt
M M / D D / Y Y Y Y
07 01 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL CARPENTER

Mailing Address **7726 LEW HOAD AVE**

City State Zip Code
BATON ROUGE LA 70810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120846

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THOMAS CARRABINE

Mailing Address **893 BEVERLY PLACE**

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120848

Date of Receipt
M M / D D / Y Y Y Y
09 23 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GLENN CARSON

Mailing Address 156 COE RD

City State Zip Code
BELLEAIR FL 33756

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120856

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER CARTER

Mailing Address 5610 S 110TH STREET

City State Zip Code
HALES CORNERS WI 53130

FEC ID number of contributing federal political committee.

Name of Employer Occupation
APPROYO CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120858

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER CARTER

Mailing Address 5610 S 110TH STREET

City State Zip Code
HALES CORNERS WI 53130

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120859

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			28			2015			

Amount of Each Receipt this Period

<input type="text" value="253.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PETER CASE

Mailing Address **2 BURTON LANE**

City State Zip Code
KINGSTON MA 02364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120873

Date of Receipt
M M / D D / Y Y Y Y
07 28 2015

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
CHARLES CASEY

Mailing Address **22 ENCHANTED WOODS D**

City State Zip Code
KINGWOOD TX 77339

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EXXON MOBIL CORPORATION ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120875

Date of Receipt
M M / D D / Y Y Y Y
07 17 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CHERYL CASEY

Mailing Address **N1138 JULIUS DR**

City State Zip Code
GREENVILLE WI 54942

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COUNTRY HOUSE RESORT VP & CO-OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120877

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **1050.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRIS CASHMAN

Mailing Address **229 SOUTHERN HILL DRIVE**

City State Zip Code
JOHNS CREEK GA 30097

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIMEDX EXECUTIVE VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120879

Date of Receipt
M M / D D / Y Y Y Y
07 09 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
EVERETT CASSEL

Mailing Address **277 MCINTOSH RD**

City State Zip Code
WEST CHESTER PA 19382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.120880

Date of Receipt
M M / D D / Y Y Y Y
09 01 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
GARY CASTEEL

Mailing Address **1350 STATE ROUTE 88**

City State Zip Code
MINDEN NV 89423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RANCHING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120882

Date of Receipt
M M / D D / Y Y Y Y
07 20 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1350.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ARMANDO CASTELLINI

Mailing Address **78 DIAMOND SPRING RD**

City **DENVILLE** State **NJ** Zip Code **07834**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INSURANCE CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.120884

Date of Receipt

07 / 27 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
BARBARA CASTER

Mailing Address **634 CREST DR**

City **EL CAJON** State **CA** Zip Code **92019**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BARBARA CASTER** Occupation **PRINCIPAL**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17A.120886

Date of Receipt

07 / 30 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
VERNON CASTERLINE

Mailing Address **3215 N DEKOVEN DR.**

City **OCONOMOWOC** State **WI** Zip Code **53066**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LAYTON AVE. DERMATOLOGY** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.120888

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **3200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERTO CASTILLO

Mailing Address 483 GREEN MOUNTAIN RD

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SWI MORALE SUPERVISER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-3.00

Transaction ID : SA17A.22357

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-3.00

B. Full Name (Last, First, Middle Initial)
ROBERTO CASTILLO

Mailing Address 483 GREEN MOUNTAIN RD

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SWI MORALE SUPERVISER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-5.00

Transaction ID : SA17A.22358

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-2.00

C. Full Name (Last, First, Middle Initial)
ROBERTO CASTILLO

Mailing Address 483 GREEN MOUNTAIN RD

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SWI MORALE SUPERVISER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-8.00

Transaction ID : SA17A.22359

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-3.00

Subtotal Of Receipts This Page (optional).....▶ -8.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERTO CASTILLO

Mailing Address 483 GREEN MOUNTAIN RD

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SWI MORALE SUPERVISER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
-9.00

Transaction ID : SA17A.22360

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-1.00

B. Full Name (Last, First, Middle Initial)
ROBERT P CASTRIGNAN

Mailing Address 157 IDLEWOOD DRIVE

City State Zip Code
STAMFORD CT 06905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.120890

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
ROBERT P CASTRIGNAN

Mailing Address 157 IDLEWOOD DRIVE

City State Zip Code
STAMFORD CT 06905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.120891

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2500.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 4999.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES CASWELL

Mailing Address 122 OLD IVY RD NE

City ATLANTA State GA Zip Code 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer PC ASSOC Occupation REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120893

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
BUCK CATER

Mailing Address 3756 E FAIRWAY DRIVE

City BIRMINGHAM State AL Zip Code 35213

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.120895

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

220.00

C. Full Name (Last, First, Middle Initial)
JOHN A CATSIMATID

Mailing Address 817 5TH AVE

City NEW YORK State NY Zip Code 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer GRISTEDES Occupation CHAIRMAN, PRESIDENT, & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120897

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ 5620.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JOHN CECCHI		Transaction ID : SA17A.120905	
Mailing Address 3321 N STREET NW		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2015	
City WASHINGTON	State DC	Zip Code 20007	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer IDI GROUP	Occupation REAL ESTATE		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00	

B. Full Name (Last, First, Middle Initial) MERCEDES CECCHI		Transaction ID : SA17A.120907	
Mailing Address 1209 ALDEBARAN DRIVE		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2015	
City MCLEAN	State VA	Zip Code 22101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer MALENA IMPORTS	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00	

C. Full Name (Last, First, Middle Initial) ALBERT CELLERI		Transaction ID : SA17A.120909	
Mailing Address 12 WADAMS COURT		Date of Receipt M M / D D / Y Y Y Y 07 / 01 / 2015	
City WEST ORANGE	State NJ	Zip Code 07052	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Subtotal Of Receipts This Page (optional).....▶ **5650.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ARDIS CERNY

Mailing Address 3037 E OAKMONT COURT B

City State Zip Code
PEWAUKEE WI 53072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120911

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RICARDO CESPED

Mailing Address 970 WEDGE CT

City State Zip Code
INCLINE VILLA NV 89451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120913

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RICARDO CESPED

Mailing Address 970 WEDGE CT

City State Zip Code
INCLINE VILLA NV 89451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.120914

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVE CHAI

Mailing Address 2033 SHARPLESS DR

City	State	Zip Code
LA HABRA HEIG	CA	90631

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SANTOS ELECTRONICS, INC	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120916

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ROBERT CHALLEY

Mailing Address 2960 CAMINO DIABLO STE 300

City	State	Zip Code
WALNUT CREEK	CA	94597

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120918

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
RUTH CHAMBERS

Mailing Address 7010 WILDGROVE AVE

City	State	Zip Code
DALLAS	TX	75214

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	REAL ESTATE INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120920

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			16			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NORMAN B CHAMP

Mailing Address **829 PARK AVE APT 5B**

City **NEW YORK** State **NY** Zip Code **10021**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHAMP REALTY CO.** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.120922

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			18			2015			

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)
CRAIG CHANDLER

Mailing Address **5374 SUGAR HILL DRIVE**

City **HOUSTON** State **TX** Zip Code **77056**

FEC ID number of contributing federal political committee. **C**

Name of Employer **POWERSITE LLC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120924

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			08			2015			

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
JOANNE CHAO

Mailing Address **5918 TURNBERRY DRIVE**
D

City **DUBLIN** State **CA** Zip Code **00000**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KAISER PERMANENTE** Occupation **DOCTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120926

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			23			2015			

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **1900.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DIANE CHAPMAN

Mailing Address **W6717 COUNTY ROAD P**

City **ENDEAVOR** State **WI** Zip Code **53930**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120928

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOHN W CHAPMAN

Mailing Address **331 SOUTH MAIN STREET**

City **WASHINGTON** State **PA** Zip Code **15301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHAPMAN PLUMBING AND HEATING INC** Occupation **PRESIDENT/DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.120929

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
GREGORY CHARLOP

Mailing Address **725 GELSTON PL**

City **EL CERRITO** State **CA** Zip Code **94530**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KAISER** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120931

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JR DERWOOD S CHASE

Mailing Address **300 PRESTON AVENUE
STE 500**

City **CHARLOTTESVILLE** State **VA** Zip Code **22902**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120933

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

EARMARKED THROUGH CLUB FOR GROWTH PAC

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOHN CHATHAM

Mailing Address **1220 MARY HILL CIRCLE**

City **HARTLAND** State **WI** Zip Code **53029**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HSD** Occupation **VP**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120935

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BRIAN CHATWIN

Mailing Address **6608 INDEPENDENCE AVE**

City **SPRINGFIELD** State **VA** Zip Code **22151**

FEC ID number of contributing federal political committee. **C**

Name of Employer **U.S. HOUSE OF REPRESENTATIVES** Occupation **CHIEF OF STAFF**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120937

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HARI S CHEEMA

Mailing Address

City State Zip Code
PITTSBURGH PA

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MITSUBISHI ELECTRIC POWER PRODUCTS, GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120939

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
CHARLES E CHEEVER

Mailing Address **11112 MONMOUTH**

City State Zip Code
SAN ANTONIO TX 78239

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120941

Date of Receipt

09 / 02 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
NANCY J CHEEVER

Mailing Address **11112 MONMOUTH**

City State Zip Code
SAN ANTONIO TX 78239

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120943

Date of Receipt

08 / 06 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **4700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEANETTE CHENG

Mailing Address 8912 OLD DOMINION DR

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128808

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ANDREW CHESNEY

Mailing Address 960 WOODSIDE TERRACE

City State Zip Code
FREEPORT IL 61032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SEAGA DIVISION SALES MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120954

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DALTON CHESTER

Mailing Address 25207 CALLAWAY

City State Zip Code
SAN ANTONIO TX 78260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TEXAS TRUCK CENTERS TEXAS TRUCK CENTERS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120956

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DALTON CHESTER

Mailing Address **25207 CALLAWAY**

City State Zip Code
SAN ANTONIO TX 78260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TEXAS TRUCK CENTERS TEXAS TRUCK CENTERS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Transaction ID : SA17A.120957

Date of Receipt

09 / 18 / 2015

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
DAVID B CHESTER

Mailing Address **PO BOX 111**

City State Zip Code
GAINESVILLE GA 30503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WILHEIT PACKAGING VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120959

Date of Receipt

07 / 17 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
SCOTT CHESTER

Mailing Address **405 E 13TH ST**

City State Zip Code
LAUREL MT 59044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CMG CONSTRUCTION OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120961

Date of Receipt

07 / 09 / 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JUDY CHILDRESS

Mailing Address 9160 HAMPTON ROAD

City State Zip Code
LEXINGTON NC 27295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.128923

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JUDY CHILDRESS

Mailing Address 9160 HAMPTON ROAD

City State Zip Code
LEXINGTON NC 27295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.128924

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JUDY CHILDRESS

Mailing Address 9160 HAMPTON ROAD

City State Zip Code
LEXINGTON NC 27295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.128925

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JUDY CHILDRESS

Mailing Address 9160 HAMPTON ROAD

City State Zip Code
LEXINGTON NC 27295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128928

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICHARD CHILDRESS

Mailing Address 9160 HAMPTON ROAD

City State Zip Code
LEXINGTON NC 27295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128927

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RICHARD CHILDRESS

Mailing Address 9160 HAMPTON ROAD

City State Zip Code
LEXINGTON NC 27295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128929

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHIMICLES & TIKELLIS LLP

Mailing Address **361 W LANCASTER AVENUE**

City **HAVERFORD** State **PA** Zip Code **19041**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120968

Date of Receipt
 M M / D D / Y Y Y Y
07 / 31 / 2015

LLP INFORMATION REQUESTED

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
SCOTT CHIPMAN

Mailing Address **2247 EMERALD STREET**

City **SAN DIEGO** State **CA** Zip Code **92109**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DESIGN SYNTHESIES CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120970

Date of Receipt
 M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
 750.00

C. Full Name (Last, First, Middle Initial)
WALTON CHISOLM

Mailing Address **KAROLINENSTR. 12**

City **BERLIN** State Zip Code **14165**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROLLS-ROYCE TECHNICAL LEAD S1000D

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.120972

Date of Receipt
 M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
 500.00

Subtotal Of Receipts This Page (optional).....▶ 3950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD J CHRISMER

Mailing Address 610 FOREST CT

City State Zip Code
CLAYTON MO 63105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SEEN READ HEARD PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120980

Date of Receipt

07 / **29** / **2015**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
KEITH CHRISTENSE

Mailing Address 2417 HARRIS AVE

City State Zip Code
RICHLAND WA 99354

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.120981

Date of Receipt

07 / **13** / **2015**

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
KEITH CHRISTENSE

Mailing Address 2417 HARRIS AVE

City State Zip Code
RICHLAND WA 99354

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.120982

Date of Receipt

07 / **28** / **2015**

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ **600.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAMIEN CHRISTIAN

Mailing Address 14802 NE 117TH CIRCLE

City State Zip Code
VANCOUVER WA 98682

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A DISABLED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120984

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
TORBEN CHRSTENSEN

Mailing Address 6116 LEEWARD LANE

City State Zip Code
RACINE WI 53402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WISCON PRODUCTS INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120986

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GEORGE J CIBULA, JR.

Mailing Address 970 N OAKLAWN AVENUE, STE 100

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.120988

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VIRGIL CIHLA

Mailing Address 3601 EAGLE BEND

City State Zip Code
PEKIN IL 61554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.120990

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LYNETTE CLACK

Mailing Address 6679 HIGHLAND DRIVE

City State Zip Code
WINDSOR WI 53598

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLACK FOUNDATION PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.120992

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RICHARD E CLACK

Mailing Address 6679 HIGHLAND DR

City State Zip Code
WINDSOR WI 53598

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLACK CORP CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.120994

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT W CLARK

Mailing Address 6110 STATE HIGHWAY 13 S

City State Zip Code
WISCONSIN RAP WI 54494

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.120999

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM J. CLARK

Mailing Address 3419 HILLTOP DR

City State Zip Code
ST CHARLES MO 63301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASTERCLOCK, INC PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121001

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
PAMELA CLAYPOOL

Mailing Address 12448 BENTBROOK DRIVE

City State Zip Code
CHESTERLAND OH 44026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AIRGAS DIV PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121003

Date of Receipt

M M / D D / Y Y Y Y
06 / 20 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRUCE CLEMENTS

Mailing Address 1614 NORFOLK #C

City HOUSTON State TX Zip Code 77006

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.121008

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
HARRY CLEMENTS, JR.

Mailing Address 5976 SHAW HIGHWAY

City ROCKY POINT State NC Zip Code 28457

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121010

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BARBARA CLEMMONS

Mailing Address 4601 HAMBLIN CT.

City SEABROOK State TX Zip Code 77586

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121012

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE CLEVELAND

Mailing Address **224 CAMPBELL PLACE**

City	State	Zip Code
JACKSONVILLE	NC	28546

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.121013

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
DOUG CLEVINGER

Mailing Address **4825 CAROLINA BEACH**

City	State	Zip Code
WILMINGTON	NC	28412

FEC ID number of contributing federal political committee. **C**

Name of Employer BOY SCOUTS OF AMERICA	Occupation EXECUTIVE DIRECTOR
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121015

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
BRYAN CLINE

Mailing Address **3211 SCHOOL LANE**

City	State	Zip Code
DREXEL HILL	PA	19026

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation INFORMATION SECURITY
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.121017

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

220.00

Subtotal Of Receipts This Page (optional).....▶ **570.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PEGGY CLINE

Mailing Address PO BOX 3966

City State Zip Code
HICKORY NC 28603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DALE K CLINE CPA PLLC. CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121019

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CLUB FOR GROWTH PAC

Mailing Address 2001 L ST NW SUITE 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00432260

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
975.00

Transaction ID : SA17A.121021

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

TOTAL EARMARKED THROUGH CONDUIT

Amount of Each Receipt this Period
975.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
CLUB FOR GROWTH PAC

Mailing Address 2001 L ST NW SUITE 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00432260

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1950.00

Transaction ID : SA17A.121022

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

TOTAL EARMARKED THROUGH CONDUIT

Amount of Each Receipt this Period
975.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CLUB FOR GROWTH PAC

Mailing Address 2001 L ST NW SUITE 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00432260

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2145.00

Transaction ID : SA17A.121023

Date of Receipt
MM / DD / YYYY
08 / 28 / 2015

TOTAL EARMARKED THROUGH CONDUIT

Amount of Each Receipt this Period
195.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CLUB FOR GROWTH PAC

Mailing Address 2001 L ST NW SUITE 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00432260

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3144.38

Transaction ID : SA17A.121024

Date of Receipt
MM / DD / YYYY
09 / 07 / 2015

TOTAL EARMARKED THROUGH CONDUIT

Amount of Each Receipt this Period
999.38

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
CLUB FOR GROWTH PAC

Mailing Address 2001 L ST NW SUITE 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00432260

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3168.76

Transaction ID : SA17A.121025

Date of Receipt
MM / DD / YYYY
09 / 07 / 2015

TOTAL EARMARKED THROUGH CONDUIT

Amount of Each Receipt this Period
24.38

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WALTER CLUER

Mailing Address **301 MISSION AVE**
5

City **OCEANSIDE** State **CA** Zip Code **92054**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ADAPTECH** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121027

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WALTER CLUER

Mailing Address **301 MISSION AVE**
5

City **OCEANSIDE** State **CA** Zip Code **92054**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ADAPTECH** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121028

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WALTER CLUER

Mailing Address **301 MISSION AVE**
5

City **OCEANSIDE** State **CA** Zip Code **92054**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ADAPTECH** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.121029

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ **600.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WALTER CLUER

Mailing Address 301 MISSION AVE
5

City State Zip Code
OCEANSIDE CA 92054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ADAPTECH BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.121030

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			27			2015			

Amount of Each Receipt this Period

700.00

B. Full Name (Last, First, Middle Initial)
WALTER CLUER

Mailing Address 301 MISSION AVE
5

City State Zip Code
OCEANSIDE CA 92054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ADAPTECH BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.121031

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

750.00

C. Full Name (Last, First, Middle Initial)
LOU CLUSTER

Mailing Address 1565 MEADOWVIEW LN

City State Zip Code
RENO NV 89509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121033

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2015			

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶

2850.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) SHERRI COATS Mailing Address 10 JOAQUIN ROAD City PORTOLA VALLEY State CA Zip Code 94028 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SA17A.121034 Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2015 Amount of Each Receipt this Period <input type="text" value="181.00"/> Election Cycle-to-Date ▼ <input type="text" value="263.00"/>
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B. Full Name (Last, First, Middle Initial) THOMAS COBB Mailing Address 1467 LOCHRIDGE City BLOOMFIELD HILLS State MI Zip Code 48302 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SA17A.121036 Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/> Election Cycle-to-Date ▼ <input type="text" value="250.00"/>
---	--	---

C. Full Name (Last, First, Middle Initial) FELIX COBIAN Mailing Address 1360 JASMINE LN City LANCASTER State PA Zip Code 17601 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer NEW WRINL Occupation SELF-EMPLOYED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SA17A.121038 Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/> Election Cycle-to-Date ▼ <input type="text" value="500.00"/>
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Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARTY COE

Mailing Address 2315 N. WALNUT RD.

City	State	Zip Code
ROCHESTER	IL	62563

FEC ID number of contributing federal political committee.

Name of Employer COE EQUIPMENT	Occupation SALES
-----------------------------------	---------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121039

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ROBERTA COFFEY

Mailing Address 108 PINE VALLEY DR

City	State	Zip Code
AVONDALE	PA	19311

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121040

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
PAUL COFONI

Mailing Address 2 KETTLE CLOSE

City	State	Zip Code
WESTERLY	RI	02891

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121041

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK COHEN

Mailing Address **200 EAST 71ST STREET, APT 9H**

City **NEW YORK** State **NY** Zip Code **10021**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121043

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MIKE COHEN

Mailing Address **14 OAK GLEN RD**

City **TOMS RIVER** State **NJ** Zip Code **08753**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CWR ELECTRONICS INC.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121045

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MIKE COHEN

Mailing Address **14 OAK GLEN RD**

City **TOMS RIVER** State **NJ** Zip Code **08753**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CWR ELECTRONICS INC.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121046

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SETH COHEN

Mailing Address 11 CANTERBURY CT

City	State	Zip Code
UPPER SADDLE RIVER	NJ	07458

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ELEVEN CANTERBURY LLC	MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121048

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
STEPHEN COHEN

Mailing Address 1024 BOBWHITE DR

City	State	Zip Code
CHERRY HILL	NJ	08003

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SOUTH JERSEY PROSTHODONTIC ASSOC PA	DENTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121050

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KAROL COKER

Mailing Address 4405 FM 2943

City	State	Zip Code
HEREFORD	TX	79045

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HEREFORD DIALYSIS CENTER	REGISTERED NURSE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121051

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID COLBURN

Mailing Address **600 N FAIRBANKS CT #2402**

City	State	Zip Code
CHICAGO	IL	60611

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CED MANAGEMENT SERVICE	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121053

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
CHARIS P COLE

Mailing Address **PO BOX 491**

City	State	Zip Code
BRYN ATHYN	PA	19009

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.121054

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
EILEEN COLEMAN

Mailing Address **8310 WARREN DR NW**

City	State	Zip Code
GIG HARBOR	WA	98335

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121056

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **3150.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN COLEMAN

Mailing Address 6100 W. 82ND PLACE

City State Zip Code
BURBANK IL 60459

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121058

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
M. THOMAS COLINS

Mailing Address 333 LAKE VALLEY DRIVE

City State Zip Code
FRANKLIN TN 37069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121060

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LAWRENCE COLLETT

Mailing Address 1231 GLEN EAGLE LANE
S

City State Zip Code
ST. ALBANS MO 00000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CASE INFORMATION SYSTEMS INC CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121062

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BONNY COLLINS

Mailing Address **2466 ROARING FORK DR**

City State Zip Code
GRAND JUNCTION CO 81505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121063

Date of Receipt

08 / 01 / 2015

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
DANIEL P COLLINS

Mailing Address **520 E MARIPOSA ST**

City State Zip Code
ALTADENA CA 91001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MUNGER, TOLLES & OLSON LLP LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121065

Date of Receipt

07 / 28 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
KEITH COLLINS

Mailing Address **407 E FRANKLIN ST**

City State Zip Code
LANARK IL 61046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EYE CARE FOR ANIMALS VETERINARIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121067

Date of Receipt

07 / 30 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **3000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NICOLAS COLORADO

Mailing Address **507 OAKFIELD DRIVE**

City State Zip Code
BRANDON FL 33511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED M.D.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121069

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
JANE COMPTON

Mailing Address **2603 MONTEVALLO ROAD**

City State Zip Code
BIRMINGHAM AL 35223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121071

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
PAUL COMPTON

Mailing Address **2603 MONTEVALLO RD**

City State Zip Code
BIRMINGHAM AL 35223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BRADLEY ARANT BOULT CUMMINGS LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121073

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	1	5

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **5900.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARY L CONKEY

Mailing Address 6247 CALLE MONTALVO

City State Zip Code
GRANITE BAY CA 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINCOLN CLUB OF PLACER COUNT CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121075

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MARY L CONKEY

Mailing Address 6247 CALLE MONTALVO

City State Zip Code
GRANITE BAY CA 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINCOLN CLUB OF PLACER COUNT CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121076

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARY L CONKEY

Mailing Address 6247 CALLE MONTALVO

City State Zip Code
GRANITE BAY CA 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINCOLN CLUB OF PLACER COUNT CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121077

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 2700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARY L CONKEY

Mailing Address 6247 CALLE MONTALVO

City State Zip Code
GRANITE BAY CA 95746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINCOLN CLUB OF PLACER COUNT CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121078

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CURT CONKLIN

Mailing Address 1942 N WOLCOTT AVE

City State Zip Code
CHICAGO IL 60622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121080

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HEATHER CONLEY

Mailing Address 3404 LELAND STREET

City State Zip Code
CHEVY CHASE MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CENTER FOR STRATEGIC AND FOREIGN POLICY ANALYST
INTERNATIONAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121082

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT K CONLON

Mailing Address **N1545 WILLOW BROOK R**

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAKE GENEVA ORAL SURGERY LTD ORAL SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121084

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RICHARD CONN

Mailing Address **6713 CATSKILL RD**

City State Zip Code
LORTON VA 22079-1113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CONN & SMITH, INC. REGULATORY CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121085

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
DANIEL CONNELL

Mailing Address **W375 S4923 E. PRETTY LAKE RD.**

City State Zip Code
DOUSMAN WI 53118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121087

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **3275.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TODD CONNELL

Mailing Address **W250 S7255 CENTER DRIVE**

City **WAUKESHA** State **WI** Zip Code **53189**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ORTHODONTIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121089

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BARBARA CONNER

Mailing Address **11415 SAGESTANLEY DR**

City **HOUSTON** State **TX** Zip Code **77089**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121090

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
RAYBURN CONNER

Mailing Address **9421 APOLLO RD**

City **BLOOMINGTON** State **IL** Zip Code **61705**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.121091

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional)..... **400.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 299 / 2684			
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RAYBURN CONNER

Transaction ID : SA17A.121092

Mailing Address 9421 APOLLO RD

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

City	State	Zip Code
BLOOMINGTON	IL	61705

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

B. Full Name (Last, First, Middle Initial)
RAYBURN CONNER

Transaction ID : SA17A.121093

Mailing Address 9421 APOLLO RD

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	5

City	State	Zip Code
BLOOMINGTON	IL	61705

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

C. Full Name (Last, First, Middle Initial)
RAYBURN CONNER

Transaction ID : SA17A.121094

Mailing Address 9421 APOLLO RD

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

City	State	Zip Code
BLOOMINGTON	IL	61705

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RAYBURN CONNER

Mailing Address 9421 APOLLO RD

City State Zip Code
BLOOMINGTON IL 61705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
460.00

Transaction ID : SA17A.121095

Date of Receipt

09 / 01 / 2015

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
MICHAEL CONNOR

Mailing Address 9360 NORTH SPRUCE RD

City State Zip Code
RIVER HILLS WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121096

Date of Receipt

09 / 18 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
RONALD CONNORS

Mailing Address 132 ELDERFIELDS ROAD

City State Zip Code
MANHASSET NY 11030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121098

Date of Receipt

09 / 03 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **2850.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
J.M. CONOYER

Mailing Address **19 LAKE FOREST CIRCLE**

City State Zip Code
ST. CHARLES MO 63301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIDWEST ENT PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121100

Date of Receipt
M M / D D / Y Y Y Y
08 19 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JOHN M CONOYER

Mailing Address **1025 WINDWARD PSGE**

City State Zip Code
SAINT CHARLES MO 63303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIDWEST ENT PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121102

Date of Receipt
M M / D D / Y Y Y Y
07 29 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
STEVE S CONRAD

Mailing Address **1104 CONRAD RD**

City State Zip Code
BRANDYWINE WV 26802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.121104

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
400.00

Subtotal Of Receipts This Page (optional).....▶ **4100.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TED CONRAD

Mailing Address **24260 W 112TH TER**

City	State	Zip Code
OLATHE	KS	66061

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.121106

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM CONWAY

Mailing Address **32400 FAIRMOUNT BLVD**

City	State	Zip Code
PEPPER PIKE	OH	44124

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1100.00

Transaction ID : SA17A.121107

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period

_____ 1000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM CONWAY

Mailing Address **32400 FAIRMOUNT BLVD**

City	State	Zip Code
PEPPER PIKE	OH	44124

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1600.00

Transaction ID : SA17A.121108

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

_____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1750.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUZANNE COOK

Mailing Address 114 DARROW DR

City	State	Zip Code
PENNINGTON	NJ	08534

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121115

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial)
SUZANNE COOK

Mailing Address 114 DARROW DR

City	State	Zip Code
PENNINGTON	NJ	08534

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121116

Date of Receipt

M M / D D / Y Y Y Y
08 / 29 / 2015

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial)
SUZANNE COOK

Mailing Address 114 DARROW DR

City	State	Zip Code
PENNINGTON	NJ	08534

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121117

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2015

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WARD COOK

Mailing Address 13611 SE RIVERCREST DR

City VANCOUVER State WA Zip Code 98683

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121119

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
WARD COOK

Mailing Address 13611 SE RIVERCREST DR

City VANCOUVER State WA Zip Code 98683

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.121120

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
JEFF COOKE

Mailing Address 1420 E ROSEVILLE PKWY #140-322

City ROSEVILLE State CA Zip Code 95661

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation SOFTWARE DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121122

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TOM COOKSEY

Mailing Address 979 PARK LANE ROAD

City	State	Zip Code
AUBURN	AL	36830

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SOUTHEAST MAINTENANCE	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121124

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
M. COOLEY

Mailing Address 1111 CAROLINE STREET, SUITE 2707

City	State	Zip Code
HOUSTON	TX	77010

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121126

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			04			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CHRISTIAN COOPER

Mailing Address PO BOX 2199

City	State	Zip Code
JASPER	TN	37347

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121128

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE " COOPER

Mailing Address 129 PATRICIA LEE CT

City State Zip Code
FRANKLIN TN 37069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMERGING-TRUST PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121135

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
MARC COOPER

Mailing Address 351 E 51ST ST
A

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PETER J SOLOMON COMPANY VICE CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121137

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARILYN COOPER

Mailing Address 38820 MARACAIBO CIR

City State Zip Code
PALM SPRINGS CA 92264

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.121138

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period

35.00

Subtotal Of Receipts This Page (optional).....▶ 285.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARTIN COOPER

Mailing Address **616 EDGEWATER AVENUE**

City	State	Zip Code
OCEANSIDE	CA	92057-4658

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
COOPER CONSULTING, INC.	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.121140

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
MARTIN COOPER

Mailing Address **616 EDGEWATER AVENUE**

City	State	Zip Code
OCEANSIDE	CA	92057-4658

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
COOPER CONSULTING, INC.	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.121141

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			01			2015			

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
NORMAN COOPER

Mailing Address **2015 FM 2673**

City	State	Zip Code
CANYON LAKE	TX	78133

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
REALTY ENGINEERING, INC.	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.121143

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			24			2015			

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NORMAN COOPER

Mailing Address 2015 FM 2673

City State Zip Code
CANYON LAKE TX 78133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REALTY ENGINEERING, INC. OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Transaction ID : SA17A.121144

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROBERT COOPER

Mailing Address 2717 PALOS VERDES DRIVE

City State Zip Code
PALOS VERDES ESTATES CA 90274

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BUCKHOLTZ ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121146

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JEFFREY COORS

Mailing Address 16126 W 32ND AVE

City State Zip Code
GOLDEN CO 80401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121148

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOSEPH COPE

Mailing Address 1695 TIMACUAN DRIVE

City State Zip Code
VIERA FL 32940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121150

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
TREVOR COPELAND

Mailing Address 828 BONNIE BRAE LN.

City State Zip Code
BOLINGBROOK IL 60440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BRINKS GILSON & LIONE ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121152

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ANNE CORI

Mailing Address 9715 LITZSINGER ROAD

City State Zip Code
SAINT LOUIS MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121154

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LID CORRAO

Mailing Address **PO BOX 12907**

City State Zip Code
RENO NV 89510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121162

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
FRITZ CORRIGAN

Mailing Address **PO BOX 5050**

City State Zip Code
CAREFREE AZ 85377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.121164

Date of Receipt

08 / 20 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period

10800.00

C. Full Name (Last, First, Middle Initial)
FRITZ CORRIGAN

Mailing Address **PO BOX 5050**

City State Zip Code
CAREFREE AZ 85377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121165

Date of Receipt

08 / 20 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-5400.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **11800.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRITZ CORRIGAN

Mailing Address PO BOX 5050

City State Zip Code
CAREFREE AZ 85377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121166

Date of Receipt
MM / DD / YYYY
08 / 20 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRITZ CORRIGAN

Mailing Address PO BOX 5050

City State Zip Code
CAREFREE AZ 85377

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121167

Date of Receipt
MM / DD / YYYY
08 / 20 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GLENDA CORRIGAN

Mailing Address

City State Zip Code
CAREFREE AZ

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121169

Date of Receipt
MM / DD / YYYY
08 / 20 / 2015

REATTRIBUTED; SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GLEND A CORRIGAN

Mailing Address

City State Zip Code
CAREFREE AZ

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121170

Date of Receipt

M M / D D / Y Y Y Y
08 20 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GLEND A CORRIGAN

Mailing Address

City State Zip Code
CAREFREE AZ

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121171

Date of Receipt

M M / D D / Y Y Y Y
08 20 2015

REDESIGNATED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
PAUL A CORRIGAN

Mailing Address 26980 CRESTWOOD DR

City State Zip Code
FRANKLIN MI 48025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CORRIGAN MOVING SYSTEMS CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121173

Date of Receipt

M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....

250.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM CORRIGAN

Mailing Address 1664 STRASBOURG

City State Zip Code
TRAVERSE CITY MI 49696

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BY THE BAY TRANSPORTATION LLC SMALL BUSINESS OWNER (BY THE BAY)

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121178

Date of Receipt
MM / DD / YYYY
07 / 14 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CAROLYN J COSGROVE

Mailing Address 5131 GOLDEN EAGLE LANE

City State Zip Code
TUMWATER WA 98512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121179

Date of Receipt
MM / DD / YYYY
09 / 03 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM R COSGROVE

Mailing Address 5131 GOLDEN EAGLE LN

City State Zip Code
TUMWATER WA 98512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121181

Date of Receipt
MM / DD / YYYY
07 / 24 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LARRY COSMO

Mailing Address 10 JOHN MATTHEW RD

City State Zip Code
HOPKINTON MA 01748

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121183

Date of Receipt

M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ROB COST

Mailing Address 483 MAIN

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TESTING TEST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-1.00

Transaction ID : SA17A.26023

Date of Receipt

M M / D D / Y Y Y Y
07 13 2015

CHARGEBACK

Amount of Each Receipt this Period

-1.00

C. Full Name (Last, First, Middle Initial)
RYAN COSTANZO

Mailing Address 20920

City State Zip Code
ELKHORN NE 68022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.121185

Date of Receipt

M M / D D / Y Y Y Y
08 25 2015

Amount of Each Receipt this Period

2500.00

Subtotal Of Receipts This Page (optional).....▶ **2749.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL COTTER

Mailing Address **N4709 TALL TIMBER CIR**

City **MONTELLO** State **WI** Zip Code **53949**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.121192

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			05			2015			

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DUANE COTTINGHAM

Mailing Address **10983 COTTINGHAM ROAD**

City **PEOSTA** State **IA** Zip Code **52068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121194

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2015			

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JON B COTTON

Mailing Address **170 PROVENCAL ROAD**

City **GROSS POINTE** State **MI** Zip Code **48236**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MERIDIAN HEALTH PLAN** Occupation **VP OF FINANCE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121196

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			21			2015			

Amount of Each Receipt this Period

5400.00

Subtotal Of Receipts This Page (optional)..... **6150.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KRISS COURI

Mailing Address 3517 SEQUOIA CIR

City State Zip Code
WAUKESHA WI 53188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CASE MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121215

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JOHN COUZENS

Mailing Address 399 MADISON ST

City State Zip Code
DENVER CO 80206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE NORTHERN TRUST COMPANY BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121217

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT S COWEN

Mailing Address 9617 N JUNIPER CIRCLE

City State Zip Code
MEQUON WI 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121219

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES COWLES

Mailing Address **2506 S BOXWOOD LANE**
P

City **SPOKANE** State **WA** Zip Code **99223**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INLAND EMPIRE PAPER CO.** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121221

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BOBBY T COX

Mailing Address **2375 FARM BROOK TRAIL**

City **OXFORD** State **MI** Zip Code **48370**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ACORN STAMPING, INC.** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121223

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DOUGLAS R COX

Mailing Address **12711 RIVER RD**

City **POTOMAC** State **MD** Zip Code **20854**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GIBSON DUNN & CRUTCHER** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121225

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **2500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 327 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWIN L COX

Mailing Address 2100 MCKINNEY AVENUE, S

City State Zip Code
DALLAS TX 75201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EDWIN COX CO SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121227

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
LINDA COX

Mailing Address 4846 N BENTWOOD DR

City State Zip Code
SAN ANGELO TX 76904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121229

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ABBY COYLE

Mailing Address 7790 CHERRY WOOD LN

City State Zip Code
VERONA WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121231

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CATHERIN A COYLE

Mailing Address 3494 SABAKA TRL

City State Zip Code
VERONA WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121233

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
CATHERIN A COYLE

Mailing Address 3494 SABAKA TRL

City State Zip Code
VERONA WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121234

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JARRELL COYLE

Mailing Address 1505 MONARCH OAKS

City State Zip Code
HOUSTON, TX 77055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121235

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional).....▶ 5450.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JARRELL COYLE

Mailing Address 1505 MONARCH OAKS

City State Zip Code
HOUSTON, TX 77055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121236

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2015

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
KATHERIN A COYLE

Mailing Address 10511 N SUNRISE COURT

City State Zip Code
PEORIA IL 61615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121238

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PATRICK COYLE

Mailing Address 3494 SABAKA TRL

City State Zip Code
VERONA WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COYLECARPETONE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121240

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 300.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS COYLE

Mailing Address 7790 CHERRY WOOD LN

City	State	Zip Code
VERONA	WI	53593

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
COYLE CARPET	CO GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.121242

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
 _____ 5400.00

B. Full Name (Last, First, Middle Initial)
THOMAS COYLE

Mailing Address 7790 CHERRY WOOD LN

City	State	Zip Code
VERONA	WI	53593

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
COYLE CARPET	CO GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.121243

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
 _____ -2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KC CRAICHY

Mailing Address PO BOX 1038

City	State	Zip Code
TAMPA	FL	33601

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LIVING FUEL, INC.	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.121245

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	09	/	2015

Amount of Each Receipt this Period
 _____ 2700.00

Subtotal Of Receipts This Page (optional).....▶ _____ 8100.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JENNY CRAIG

Mailing Address PO BOX 675532

City RANCHO SANTA FE State CA Zip Code 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121252

Date of Receipt
MM / DD / YYYY
07 / 28 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JENNY CRAIG

Mailing Address PO BOX 675532

City RANCHO SANTA FE State CA Zip Code 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121252.0

Date of Receipt
MM / DD / YYYY
07 / 28 / 2015

SEE REDESIGNATED

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JENNY CRAIG

Mailing Address PO BOX 675532

City RANCHO SANTA FE State CA Zip Code 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121252.1

Date of Receipt
MM / DD / YYYY
07 / 28 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 2700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEVE CRAIG

Mailing Address 1 OCEANCREST

City State Zip Code
NEWPORT COAST CA 92657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CRAIG REALTY GR REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121254

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
STUART M CRAIG

Mailing Address 2065 DOGWOOD LANE

City State Zip Code
CHARLOTTESVIL VA 22901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121256

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
SCOTT CRAMPTON

Mailing Address 3003 HIGHWAY 95

City State Zip Code
BULLHEAD CITY AZ 86442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PODIATRIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121258

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALPO F CRANE

Mailing Address 8359 PROVIDENCE RD

City State Zip Code
CHARLOTTE NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121260

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ALPO F CRANE

Mailing Address 8359 PROVIDENCE RD

City State Zip Code
CHARLOTTE NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121261

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARJORIE K CRANE

Mailing Address 8359 PROVIDENCE RD

City State Zip Code
CHARLOTTE NC 28277

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121263

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN A CRAWFORD

Mailing Address **2434 CULLEYWOOD RD**

City State Zip Code
JACKSON MS 39211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121270

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOY I CRAWFORD

Mailing Address **10790 CRAWFORD LN**

City State Zip Code
NEW CONCORD OH 43762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121271

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
350.00

C. Full Name (Last, First, Middle Initial)
JOY I CRAWFORD

Mailing Address **10790 CRAWFORD LN**

City State Zip Code
NEW CONCORD OH 43762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
580.00

Transaction ID : SA17A.121272

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2015

Amount of Each Receipt this Period
80.00

Subtotal Of Receipts This Page (optional)..... **680.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WADE CRAWFORD

Mailing Address 201 MATHEW ST

City PORTERVILLE State CA Zip Code 93257

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121273

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
31.00

Amount of Each Receipt this Period
217.00

B. Full Name (Last, First, Middle Initial)
MAX CREAMER

Mailing Address 692 ADOBE DR

City DANVILLE State CA Zip Code 94526

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121275

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THERESA CRIBBIN

Mailing Address

City STAMFORD State CT Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **Ivey, Barnum, & O'Mara, LLC** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121277

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **281.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHARON CRIMMEL

Mailing Address **6955 CARLISLE COURT, AP**

City State Zip Code
NAPLES FL 34109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
355.00

Transaction ID : SA17A.121279

Date of Receipt
M M / D D / Y Y Y Y
09 11 2015

Amount of Each Receipt this Period
355.00

B. Full Name (Last, First, Middle Initial)
DALE A CRITTENDEN

Mailing Address **PO BOX 517**

City State Zip Code
FAIRHOPE AL 36533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
263.00

Transaction ID : SA17A.121280

Date of Receipt
M M / D D / Y Y Y Y
09 22 2015

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
CHARLES CROCKER

Mailing Address **1 POST ST**

City State Zip Code
SAN FRANCISCO CA 94104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121282

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **3205.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 339 / 2684
	<input type="checkbox"/> 16 19a <input checked="" type="checkbox"/> 17a 19b <input type="checkbox"/> 17b 20a <input type="checkbox"/> 17c 20b <input type="checkbox"/> 17d 20c <input type="checkbox"/> 18 21	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES CROCKER

Mailing Address 1 POST ST

City SAN FRANCISCO State CA Zip Code 94104

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5400.00**

Transaction ID : SA17A.121283

Date of Receipt
 M M / D D / Y Y Y Y
07 / 06 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MARSHALL CROMER

Mailing Address 4701 OAKPORT ST

City OAKLAND State CA Zip Code 94601

FEC ID number of contributing federal political committee. **C**

Name of Employer **CROMER MATERIAL HANDLING** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Transaction ID : SA17A.121285

Date of Receipt
 M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MARSHALL CROMER

Mailing Address 4701 OAKPORT ST

City OAKLAND State CA Zip Code 94601

FEC ID number of contributing federal political committee. **C**

Name of Employer **CROMER MATERIAL HANDLING** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

Transaction ID : SA17A.121286

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ **3050.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY AND DIANE CROOK

Mailing Address **N75 W17496 WILSON DRIVE**

City **MENOMONEE FALLS** State **WI** Zip Code **53051**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BLACKHAWK INDUSTRIAL** Occupation **CUSTOMER SERVICE MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121288

Date of Receipt

07 / **08** / **2015**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DEVON G CROSS

Mailing Address **875 - 5TH AVENUE, APT 1**

City **NEW YORK** State **NY** Zip Code **10065**

FEC ID number of contributing federal political committee. **C**

Name of Employer **POLILY FORUM** Occupation **NONPROFIT DIR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121290

Date of Receipt

08 / **26** / **2015**

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
ROGER CROSS

Mailing Address **PO BOX 173**

City **WAUPACA** State **WI** Zip Code **54981**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121292

Date of Receipt

07 / **27** / **2015**

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **3450.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEPHEN CROSSLAND

Mailing Address 2102 FORGE RD

City State Zip Code
SANTA BARBARA CA 93108

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121294

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
OTIS CROWDER

Mailing Address 1103 BELLEGROVE PLACE

City State Zip Code
CHARLOTTE NC 26270

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CROWDER CONSTRUCTION CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121296

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
PATRICK CROWLEY

Mailing Address 2008 VIZVAYA WALK

City State Zip Code
SACRAMENTO CA 95818

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121298

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS CROYLE

Mailing Address **26726 MIDLAND ROAD**

City BAY VILLAGE	State OH	Zip Code 44140
----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation NA
-------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : **SA17A.121300**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DAVID W CROYSDALE

Mailing Address **10550 N CEDARBURG RD**

City MEQUON	State WI	Zip Code 53092
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MICHAEL BEST AND FRIEDRICH LLP	Occupation ATTORNEY
---	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : **SA17A.121302**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	5

Amount of Each Receipt this Period

1350.00

C. Full Name (Last, First, Middle Initial)
LAURA CROYSDALE

Mailing Address **10550 N CEDARBURG RD**

City MEQUON	State WI	Zip Code 53092
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
--------------------------------------	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : **SA17A.121304**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	5

REATTRIBUTED

Amount of Each Receipt this Period

1350.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **1600.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LESLIE A CROZIER

Mailing Address 3535 GILLESPIE STREET #

City	State	Zip Code
DALLAS	TX	75219

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121306

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
JESSE CRUZ

Mailing Address 1510 CRABTREE LANE

City	State	Zip Code
DEERFIELD	IL	60015

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121308

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
RICHARD CUCCO

Mailing Address 4509 PRIME PKWY

City	State	Zip Code
MCHENRY	IL	60050

FEC ID number of contributing federal political committee.

Name of Employer ROSS IMAGING, INC.	Occupation MANAGING PARTNER
--	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121310

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

<input type="text" value="5400.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD CUCCO

Mailing Address 4509 PRIME PKWY

City MCHENRY State IL Zip Code 60050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROSS IMAGING, INC. MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121311

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICHARD CUCCO

Mailing Address 4509 PRIME PKWY

City MCHENRY State IL Zip Code 60050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROSS IMAGING, INC. MANAGING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121312

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KEVIN J CUENE

Mailing Address 4500 OAK RIDGE CIRCLE

City DE PERE State WI Zip Code 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121314

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANDREW CULBERTSON

Mailing Address 700 BRUSH CREEK ROAD

City State Zip Code
MANCHESTER OH 45144

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MACA PLASTICS MANUFACTURING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121316

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7			2	1	2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
BRAD CULBERTSON

Mailing Address 3437 PALO VISTA DRIVE

City State Zip Code
RANCHO PALOS VERDES CA 90275

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121318

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7			1	3	2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
BRAD CULBERTSON

Mailing Address PALO VISTA DRIVE

City State Zip Code
RANCHO PALOS VERDES CA 92015

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121320

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9			1	5	2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DARLENE CULLEN

Mailing Address 12 BAMBOO TER

City State Zip Code
KEY WEST FL 33040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEY WEST INSURANCE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121321

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
LAURI CULLEN

Mailing Address 4450 INDIAN TRAIL

City State Zip Code
GREEN BAY WI 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121323

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DENNIS CULLOTON

Mailing Address 200 E. ILLINOIS 2405

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CULLOTON STRATEGIES PUBLIC RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121325

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2100.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
REBEKAH CULOTTA

Mailing Address 1613 VONDRON RD.

City MADISON State WI Zip Code 53716

FEC ID number of contributing federal political committee.

Name of Employer NONE Occupation HOUSEWIFE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121327

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			06			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
BRENDAN CUMMINGS

Mailing Address 3503 URBAN WOODS TRAIL

City HOUSTON State TX Zip Code 77008

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121329

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
WILLIAM CUMMINGS

Mailing Address 6732 CEDAR STREET

City WAUWATOSA State WI Zip Code 53213

FEC ID number of contributing federal political committee.

Name of Employer REINHART, BOERNER, VAN DUEREN Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121331

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDITH C CUNNANE

Mailing Address **60 SEAGATE DR**

City	State	Zip Code
NAPLES	FL	34103

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.121333

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	24	/	2015

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
HILARY H CUNNIFF

Mailing Address **12 EGLANTINE AVE**

City	State	Zip Code
PENNINGTON	NJ	08534

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.121335

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	27	/	2015

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
HILARY H CUNNIFF

Mailing Address **12 EGLANTINE AVE**

City	State	Zip Code
PENNINGTON	NJ	08534

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Transaction ID : SA17A.121336

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	15	/	2015

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3000.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

<p>A. Full Name (Last, First, Middle Initial) GARY M CUNNINGHAM</p> <p>Mailing Address 1602 TIMBERLAKE MANO</p> <p>City CHESTERFIELD State MO Zip Code 63017</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF-EMPLOYED Occupation ATTORNEY</p> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Transaction ID : SA17A.121338</p> <p>Date of Receipt <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>07</td><td></td><td></td><td>29</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> </p> <p>SEE REATTRIBUTION</p> <p>Amount of Each Receipt this Period 1000.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	07			29			2015			
M	M	/	D	D	/	Y	Y	Y	Y												
07			29			2015															
<p>B. Full Name (Last, First, Middle Initial) GARY M CUNNINGHAM</p> <p>Mailing Address 1602 TIMBERLAKE MANO</p> <p>City CHESTERFIELD State MO Zip Code 63017</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF-EMPLOYED Occupation ATTORNEY</p> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Transaction ID : SA17A.121339</p> <p>Date of Receipt <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>07</td><td></td><td></td><td>29</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> </p> <p>SEE REATTRIBUTION</p> <p>Amount of Each Receipt this Period -500.00</p> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	07			29			2015			
M	M	/	D	D	/	Y	Y	Y	Y												
07			29			2015															
<p>C. Full Name (Last, First, Middle Initial) JANE CUNNINGHAM</p> <p>Mailing Address 1602 TIMBERLAKE PARK</p> <p>City CHESTERFIELD State MO Zip Code 63017</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Transaction ID : SA17A.121341</p> <p>Date of Receipt <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>07</td><td></td><td></td><td>29</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> </p> <p>REATTRIBUTED</p> <p>Amount of Each Receipt this Period 500.00</p> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	07			29			2015			
M	M	/	D	D	/	Y	Y	Y	Y												
07			29			2015															

Subtotal Of Receipts This Page (optional).....▶ **1000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 350 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC**A.** Full Name (Last, First, Middle Initial)
RALPH CUNNINGHAM

Mailing Address 5128 TANGLE LN

City	State	Zip Code
HOUSTON	TX	77056

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENTERPRISE PRODUCTS COMPANYOccupation
EXECUTIVEReceipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Transaction ID : SA17A.121343

Date of Receipt

M M /	D D /	Y Y Y Y
07	24	2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
STEVEN CUNNINGHAM

Mailing Address 15 TRANQUILITY RD

City	State	Zip Code
MONETA	VA	24121

FEC ID number of contributing
federal political committee.

C

Name of Employer
BELLA LUNA ASSET MANAGEMENTOccupation
CEOReceipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.121345

Date of Receipt

M M /	D D /	Y Y Y Y
07	28	2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JOSEPH M CUNNINGHAM JR

Mailing Address 865 CENTRAL AVENUE N-505

City	State	Zip Code
NEEDHAM	MA	02492

FEC ID number of contributing
federal political committee.

C

Name of Employer
NEW ENGLAND AUTO DELIVERY INCOccupation
DRIVERReceipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17A.121347

Date of Receipt

M M /	D D /	Y Y Y Y
07	14	2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶

1750.00

Total This Period (last page this line number only).....▶

1750.00

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS CURATOLO

Mailing Address 935 BURLINGTON AVE.

City	State	Zip Code
DOWNERS GROVE	IL	60515

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMETOWN AMERICA	MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.121349

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
DON S CURRIE

Mailing Address 1150 HARTRICK CANYON

City	State	Zip Code
TEMPLE	TX	76502

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CURRY RENTALS, LLC	MM

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.121351

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

_____ 250.00

C. Full Name (Last, First, Middle Initial)
VIRGINIA CURRY

Mailing Address 2113 MONROE ST

City	State	Zip Code
NEW HOLSTEIN	WI	53061

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.121353

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

_____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1500.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VIRGINIA CURRY

Mailing Address 2113 MONROE ST

City State Zip Code
NEW HOLSTEIN WI 53061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121354

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
WILLIAM C CURRY

Mailing Address 2113 MONROE ST

City State Zip Code
NEW HOLSTEIN WI 53061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CJ MEISELWITZ PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121356

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
VERLIN CUSTER

Mailing Address 1744 E. 800 N.

City State Zip Code
RUSHVILLE IN 46173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121358

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE CUTRIN

Mailing Address 100 PARCOAL RD

City State Zip Code
WEBSTER SPRIN WV 26288

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121360

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
MARY D CYGANIAK

Mailing Address 9397 N FAIRWAY CIR

City State Zip Code
BAYSIDE WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121362

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
EDWARD CZUKER

Mailing Address 121 SOUTH BEVERLY DRIVE

City State Zip Code
BEVERLY HILLS CA 90212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121364

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period

5400.00

Subtotal Of Receipts This Page (optional).....▶ 6650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES D'AMBRISI

Mailing Address **3605 CHESTERWOOD DR**

City	State	Zip Code
BROOKFIELD	WI	53005

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FABRIFAST	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121366

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DAVID D

Mailing Address **343 S ELM STREET**

City	State	Zip Code
OCONOMOWOC	WI	53066

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ABRA AUTO BODY	PARTS MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121368

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN DAAS

Mailing Address **3100 EDWARD ST. NE**

City	State	Zip Code
ST. ANTHONY	MN	55418

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GTN	SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121370

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **3200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GORDON DABBS

Mailing Address 4426 N 100TH ST

City	State	Zip Code
OMAHA	NE	68134

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
UNITED STATES POSTAL SERVICE	LETTER CARRIER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121372

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
PATRICK DABRY

Mailing Address 3115 OVERHILL ROAD

City	State	Zip Code
BIRMINGHAM	AL	35223

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121374

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			04			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
JAMES DACEY

Mailing Address 120 INDEPENDENCE LN

City	State	Zip Code
CHALFONT	PA	18914

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DOLI CONSTRUCTION COMPANY	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121376

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			04			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANETTE DACEY

Mailing Address 405 APPIAN WAY

City State Zip Code
DOYLESTOWN PA 18901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121378

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ANNE DAFFRON

Mailing Address 426 ROBALO RD

City State Zip Code
GREENSBORO NC 27406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121379

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
ANTHONY DAGOSTINO

Mailing Address 1350 TAMIAMI TRAIL NORTH
SUITE 201

City State Zip Code
NAPLES FL 34102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121380

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional).....▶ 700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANTHONY DAGOSTINO

Mailing Address 1350 TAMIAMI TRAIL NORTH
SUITE 201

City State Zip Code
NAPLES FL 34102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.121381

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
ALYCE G DAHLIN

Mailing Address 2670 GOOD SHEPHERD LN

City State Zip Code
GREEN BAY WI 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121383

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BERNARD E DAHLIN

Mailing Address 2670 GOOD SHEPHERD LANE

City State Zip Code
GREEN BAY WI 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NICHOLS PAPER PRODUCTS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121385

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BERNARD E DAHLIN

Mailing Address 2670 GOOD SHEPHERD LANE

City State Zip Code
GREEN BAY WI 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NICHOLS PAPER PRODUCTS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121386

Date of Receipt
MM / DD / YYYY
08 / 07 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
BERNARD A. (CHIP) DAHLIN III

Mailing Address 1954 E. TELEMARK CIRCLE

City State Zip Code
GREEN BAY WI 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NICHOLS PAPER PRODUCTS COMPANY, INC. VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121388

Date of Receipt
MM / DD / YYYY
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BRUCE DALLAS

Mailing Address 1600 EL CAMINO REAL

City State Zip Code
MENLO PARK CA 94025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DAVIS POLK & WARDWELL LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121390

Date of Receipt
MM / DD / YYYY
07 / 13 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1250.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRUCE DALLAS

Mailing Address 1600 EL CAMINO REAL

City	State	Zip Code
MENLO PARK	CA	94025

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DAVIS POLK & WARDWELL	LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121391

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JOHN DALMAN

Mailing Address 8308 FOREST GLENN

City	State	Zip Code
N RICHLAND HILLS	TX	76182

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
TRANSPORTATION TECHNOLOGY SERVICES	MECHANICAL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121393

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
PAULNE A DALTON

Mailing Address PO BOX 2406

City	State	Zip Code
BONITA SPRING	FL	34133

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121395

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAULINE A DALTON

Mailing Address **PO BOX 2406**

City **BONITA SPRING** State **FL** Zip Code **34133**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121397

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
TOM DALUM

Mailing Address **9235 GULF SHORE DRIVE**

City **NAPLES** State **FL** Zip Code **34108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121399

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
TOM DALUM

Mailing Address **9235 GULF SHORE DRIVE**

City **NAPLES** State **FL** Zip Code **34108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128713

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TOM DALUM

Mailing Address 9235 GULF SHORE DRIVE

City	State	Zip Code
NAPLES	FL	34108

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128714

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			08			2015			

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
THOMAS DALY

Mailing Address 15040 REDMOND LOOP

City	State	Zip Code
RENO	NV	89511

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HSCG	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121401

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
HELEN DALZELL

Mailing Address 115 SAVAGE LOOP

City	State	Zip Code
CANON CITY	CO	81212

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121403

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN DAMERON

Mailing Address 4261 COUNTRY CLUB DR.

City	State	Zip Code
LONG BEACH	CA	90807

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
DAMERON ALLOY FOUNDRIES	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.121405

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

_____ 500.00

B. Full Name (Last, First, Middle Initial)
LINDA F DAMIANO

Mailing Address 4425 N SAWYER RD

City	State	Zip Code
OCONOMOWOC	WI	53066

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.121407

Date of Receipt

M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period

_____ 2700.00

C. Full Name (Last, First, Middle Initial)
DON DANCER

Mailing Address 5409 EASTERN SHORES DRIVE

City	State	Zip Code
GREENSBORO	NC	27455

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.121409

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

_____ 2700.00

Subtotal Of Receipts This Page (optional).....▶ _____ 5900.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LUCY DANCER

Mailing Address **5409 EASTERN SHORES DRIVE**

City State Zip Code
GREENSBORO NC 27455

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121411

Date of Receipt
M M / D D / Y Y Y Y
07 30 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
THOMAS DANCO

Mailing Address **11150 SANTA MONICA B**

City State Zip Code
LOS ANGELES CA 90025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TBG DANCO, INC. PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.121413

Date of Receipt
M M / D D / Y Y Y Y
06 26 2015

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
CHARLES DANIEL

Mailing Address **3036 CHEROKEE ROAD**

City State Zip Code
MT. BROOK AL 35223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121415

Date of Receipt
M M / D D / Y Y Y Y
08 10 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **6200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN DANIEL

Mailing Address **OP BOX. 8992**

City State Zip Code
GRAY TN 37615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121417

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOHN DANIEL

Mailing Address **OP BOX. 8992**

City State Zip Code
GRAY TN 37615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121418

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN DANIEL

Mailing Address **OP BOX. 8992**

City State Zip Code
GRAY TN 37615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.121419

Date of Receipt
M M / D D / Y Y Y Y
08 06 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **600.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JULIE DANIELS

Mailing Address 2191 KYLE ROAD

City	State	Zip Code
BARTLESVILLE	OK	74006

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.121421

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

_____ 500.00

B. Full Name (Last, First, Middle Initial)
JULIE DANIELS

Mailing Address 2191 KYLE ROAD

City	State	Zip Code
BARTLESVILLE	OK	74006

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.121422

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

_____ 500.00

C. Full Name (Last, First, Middle Initial)
DAVID A DANZ

Mailing Address 377 FROST DRIVE

City	State	Zip Code
WILLIAMS BAY	WI	53191

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
DANZ LAW OFFICE	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.121424

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period

_____ 250.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PETER DARCO

Mailing Address 43 BUTTERWORTH AVENUE

City State Zip Code
STATEN ISLAND NY 10301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETAIL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.121426

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

220.00

B. Full Name (Last, First, Middle Initial)
DONALD DARENDINGE

Mailing Address 27270 LILLEGARD CT

City State Zip Code
TRACY CA 95304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JUNIPER NETWORKS VP OPERATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121428

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM DARLING

Mailing Address 27 SCHOOL STREET, STE 200

City State Zip Code
BOSTON MA 02108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121430

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 970.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) WILLIAM DARLING Mailing Address 27 SCHOOL STREET, STE 200 City State Zip Code BOSTON MA 02108 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation SELF-EMPLOYED ACCOUNTANT Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="750.00"/>		Transaction ID : SA17A.121431 Date of Receipt M M / D D / Y Y Y Y 08 / 26 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/> Amount of Each Receipt this Period <input type="text" value="750.00"/>
B. Full Name (Last, First, Middle Initial) JOYCE K DARNBROOK Mailing Address 16871 FAIRFIELD STREET City State Zip Code LIVONIA MI 48154 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation RETIRED RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.121432 Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2015 Amount of Each Receipt this Period <input type="text" value="150.00"/>
C. Full Name (Last, First, Middle Initial) RUSS DARROW Mailing Address 4664 CEDAR PARK DR City State Zip Code WEST BEND WI 53095 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation RUSS DARROW GROUP CHAIRMAN/CEO Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="5400.00"/>		Transaction ID : SA17A.121434 Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2015 SEE REATTRIBUTION Amount of Each Receipt this Period <input type="text" value="5400.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RUSS DARROW

Mailing Address 4664 CEDAR PARK DR

City WEST BEND State WI Zip Code 53095

FEC ID number of contributing federal political committee. **C**

Name of Employer RUSS DARROW GROUP Occupation CHAIRMAN/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121435

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SUSAN J DARROW

Mailing Address 4664 CEDAR PARK DR

City WEST BEND State WI Zip Code 53095

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121437

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRANK DAUGHERTY

Mailing Address 1111 S 112TH PLAZA

City OMAHA State NE Zip Code 68144

FEC ID number of contributing federal political committee. **C**

Name of Employer ENTREPRENEUR Occupation ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.121439

Date of Receipt
MM / DD / YYYY
07 / 27 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5000.00

Subtotal Of Receipts This Page (optional).....▶ 5000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRANK DAUGHERTY

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128675

Date of Receipt

/ /

SEE REDESIGNATION

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRANK DAUGHERTY

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer

Occupation

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128676

Date of Receipt

/ /

REDESIGNATED

Amount of Each Receipt this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROBERT DAUM

Mailing Address 3306 S STATE ROAD 267

City State Zip Code
PLAINFIELD IN 46168

FEC ID number of contributing federal political committee.

Name of Employer
SELF-EMPLOYED

Occupation
FARMER/TRUCKING

Receipt For: 2016

Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121441

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SVEN DAVIES

Mailing Address **816 N. BRAINARD ST.**

City **NAPERVILLE** State **IL** Zip Code **60563**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121449

Date of Receipt

07 / 16 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ANDREW DAVIS

Mailing Address **2525 S SHORE DRIVE, 7C**

City **MILWAUKEE** State **WI** Zip Code **53207**

FEC ID number of contributing federal political committee. **C**

Name of Employer **METROPOLITAN MILWAUKEE ASSOC OF** Occupation **LEGISLATOR DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121450

Date of Receipt

08 / 10 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DAVE DAVIS

Mailing Address **W191S332 SHORE LANE**

City **MUSKEGO** State **WI** Zip Code **53150**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SECURANT BANK & TRUST** Occupation **BANKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121452

Date of Receipt

07 / 01 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONALD W DAVIS

Mailing Address 501 VIA CASITAS

City State Zip Code
GREENBRAE CA 94904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121454

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DWIGHT E DAVIS

Mailing Address P.O. BOX 647

City State Zip Code
SISTER BAY WI 54234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GREENHECK CORP OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121456

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
GARY DAVIS

Mailing Address 6129 S. FLAMINGO CT.

City State Zip Code
CENTENNIAL CO 80121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COLUMBIA BENEFITS, LLC SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121458

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3450.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
J. KENNERLY DAVIS

Mailing Address 327 OAK LANE

City	State	Zip Code
RICHMOND	VA	23226

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HUNTON & WILLIAMS	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121460

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JOAN DAVIS

Mailing Address 1637 WILLOW ST

City	State	Zip Code
NORRISTOWN	PA	19401

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
STV GROUP	ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121461

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
LARRY DAVIS

Mailing Address 4023 FAIRLAKES DR

City	State	Zip Code
DALLAS	TX	75228

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121463

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DEBBIE DAWSON

Mailing Address **505 CROWN VIEW DRIVE**

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MRS. 0

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121470

Date of Receipt
M M / D D / Y Y Y Y
07 15 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
HARLEY DAWSON

Mailing Address **11251 W GARBOW RD**

City State Zip Code
MIDDLEVILLE MI 49333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121472

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DALLAS DAY

Mailing Address **3188 AIRWAY AVENUE**

City State Zip Code
COSTA MERA CA 92626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DAY CONSTRUCTION OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.121474

Date of Receipt
M M / D D / Y Y Y Y
06 23 2015

Amount of Each Receipt this Period
2500.00

Subtotal Of Receipts This Page (optional)..... **3250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES DAY

Mailing Address 176 WOODLAND DR

City State Zip Code
VISTA CA 92083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121476

Date of Receipt

M M / D D / Y Y Y Y
08 03 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
MARVIN DAY

Mailing Address 604 S. WALNUT STREET

City State Zip Code
MOUNT PLEASANT IA 52641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RESTAURANT OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121478

Date of Receipt

M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
NATHANIE B DAY

Mailing Address 1 HILLSIDE DR

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121480

Date of Receipt

M M / D D / Y Y Y Y
08 23 2015

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-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS DAYSPRING

Mailing Address 10701 SHEPPARDS WAY DRIVE

City	State	Zip Code
GLEN ALLEN	VA	23060-1940

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HEALTH DIAGNOSTIC LABORATORY	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
246.00

Transaction ID : SA17A.121481

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Receipt this Period

53.00

B. Full Name (Last, First, Middle Initial)
DEBBIE DEAN

Mailing Address 6430 VICKERY CREEK ROAD

City	State	Zip Code
CUMMING	GA	30040

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MIMEDX	EXEC VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121483

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
FRANK DEAN

Mailing Address 2001 FLORENCE BOULEVARD

City	State	Zip Code
FLORENCE	AL	35630

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
STATE FARMERS	AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Transaction ID : SA17A.121485

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

375.00

Subtotal Of Receipts This Page (optional).....▶ 3128.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KENNETH DEANE

Mailing Address 610 W. LAS OLAS BLVD

City State Zip Code
FORT LAUDERDALE FL 33312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE PACIFIC FINANCIAL GROUP, INC. SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121492

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARY DEARNLEY

Mailing Address 1268 TOWNBROOK XING

City State Zip Code
CHARLOTTESVIL VA 22901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121494

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
MICHAEL DEASY

Mailing Address 13316 S SHAWDEE RD S

City State Zip Code
HUNTSVILLE AL 35803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.121495

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1550.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) MICHAEL DEASY		Transaction ID : SA17A.121496	
Mailing Address 13316 S SHAWDEE RD S		Date of Receipt MM / DD / YYYY 08 / 08 / 2015	
City HUNTSVILLE	State AL	Zip Code 35803	Amount of Each Receipt this Period 600.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date ▼ 450.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) VICTORIA DEBENEDETT		Transaction ID : SA17A.121498	
Mailing Address P.O. BOX 920		Date of Receipt MM / DD / YYYY 07 / 24 / 2015	
City KENWOOD	State CA	Zip Code 95452	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date ▼ 300.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) VICTORIA DEBENEDETT		Transaction ID : SA17A.121499	
Mailing Address P.O. BOX 920		Date of Receipt MM / DD / YYYY 08 / 14 / 2015	
City KENWOOD	State CA	Zip Code 95452	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date ▼ 500.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Subtotal Of Receipts This Page (optional)..... 600.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RONALD DEBOER

Mailing Address 5145 NORTH RD

City State Zip Code
WISCONSIN RAP WI 54495

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121501

Date of Receipt

/ /

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
JOSEPH DECARO

Mailing Address 2779 WEST FONTAINEBLEAU DRIVE

City State Zip Code
ATLANTA GA 30360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121503

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
PAUL L DECKER

Mailing Address 325 PARKVIEW CT

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WAUKESHA COUNTY BOARD OF SUP COUNTY BOARD CHAIR DISTR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121505

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DIANNA DEELEY

Mailing Address **2373 AZEVEDO PKWY**

City SAN JOSE	State CA	Zip Code 95125
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee.

C

Name of Employer THE WILLIAM G. IRWIN CHARITY FOUNDATI	Occupation GRANTS ADMINISTRATOR
--	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Transaction ID : SA17A.121506

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
AUGUSTIN DEFEO

Mailing Address **30 WEST VIEW DRIVE**

City OYSTER BAY	State NY	Zip Code 11771
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee.

C

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE
--	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Transaction ID : SA17A.121508

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2015

REATTRIBUTION; SEE REDESIGNATION

Amount of Each Receipt this Period

5400.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
AUGUSTIN DEFEO

Mailing Address **30 WEST VIEW DRIVE**

City OYSTER BAY	State NY	Zip Code 11771
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee.

C

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE
--	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.121509

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)

100.00

Total This Period (last page this line number only)

100.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AUGUSTIN DEFE0

Mailing Address **30 WEST VIEW DRIVE**

City **OYSTER BAY** State **NY** Zip Code **11771**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF EMPLOYED** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2016 2017 2018 2019 2020 2021 2022

Transaction ID : SA17A.121510

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

REDESIGNATED

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
BARBARA DEFE0

Mailing Address **30 WEST VIEW DRIVE**

City **OYSTER BAY** State **NY** Zip Code **11771**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2016 2017 2018 2019 2020 2021 2022

Transaction ID : SA17A.121512

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
BARBARA DEFE0

Mailing Address **30 WEST VIEW DRIVE**

City **OYSTER BAY** State **NY** Zip Code **11771**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2016 2017 2018 2019 2020 2021 2022

Transaction ID : SA17A.121513

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BARBARA DEFEO

Mailing Address 30 WEST VIEW DRIVE

City State Zip Code
OYSTER BAY NY 11771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121514

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
BARBARA DEFEO

Mailing Address 30 WEST VIEW DRIVE

City State Zip Code
OYSTER BAY NY 11771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121515

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MATTHEW J DEIBERT

Mailing Address 482 LONGACRE DR

City State Zip Code
CHERRYVILLE PA 18035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121517

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUSAN M DEJNA

Mailing Address 4984 SOUTH 65TH STREET

City	State	Zip Code
GREENFIELD	WI	53220

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121519

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
DONIJO DEJONGE

Mailing Address 1149 EVELYN ST NE

City	State	Zip Code
GRAND RAPIDS	MI	49505

FEC ID number of contributing federal political committee.

Name of Employer GRAND VALLEY STATE UNIVERSITY	Occupation PROFESSOR
---	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121521

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
ELOISE DEJORIA

Mailing Address 1888 CENTURY PARK E STE

City	State	Zip Code
CENTURY CITY	CA	90067

FEC ID number of contributing federal political committee.

Name of Employer ELOISE DEJORIA ACTIVEWEAR	Occupation FOUNDER
---	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121523

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

<input type="text" value="1000.00"/>

Total This Period (last page this line number only).....

<input type="text"/>

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN PAU DEJORIA

Mailing Address 1888 CENTURY PARK E STE

City State Zip Code
CENTURY CITY CA 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JOHN PAUL MITCHELL SYSTEMS CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Transaction ID : SA17A.121525

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5500.00

B. Full Name (Last, First, Middle Initial)
JOHN PAU DEJORIA

Mailing Address 1888 CENTURY PARK E STE

City State Zip Code
CENTURY CITY CA 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JOHN PAUL MITCHELL SYSTEMS CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Transaction ID : SA17A.121526

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JOHN PAU DEJORIA

Mailing Address 1888 CENTURY PARK E STE

City State Zip Code
CENTURY CITY CA 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JOHN PAUL MITCHELL SYSTEMS CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121527

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-100.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN PAU DEJORIA

Mailing Address 1888 CENTURY PARK E STE

City State Zip Code
CENTURY CITY CA 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JOHN PAUL MITCHELL SYSTEMS CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Transaction ID : SA17A.121528

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

REDESIGNATED

Amount of Each Receipt this Period
100.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ARNOLD D DELBRIDGE

Mailing Address 41 RIVER RIDGE ROAD

City State Zip Code
CEDAR FALLS IA 50613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121530

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOSE DELGADO

Mailing Address 12900 W NORTH AVE

City State Zip Code
BROOKFIELD WI 53005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121532

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

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-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOSE DELGADO

Mailing Address 12900 W NORTH AVE

City	State	Zip Code
BROOKFIELD	WI	53005

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121533

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ANDREW DEL GIUDICE

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121535

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN DELLERA

Mailing Address 619 AHAKEA STEET

City	State	Zip Code
HONOLULU	HI	96816

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121537

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ARMAND C DELLOVADE

Mailing Address 108 CAVASINA DR

City CANONSBURG State PA Zip Code 15317

FEC ID number of contributing federal political committee.

Name of Employer A.C. DELLOVADE Occupation FOUNDER/PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121539

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

B. Full Name (Last, First, Middle Initial)
EDWARD DELMATER

Mailing Address 22 TAVISTOCK DRIVE

City BEDFORD State NH Zip Code 03110

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121540

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial)
MARY DELOZIER

Mailing Address 4010 RILEY STREET
H

City HOUSTON State TX Zip Code 00000

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121542

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

Subtotal Of Receipts This Page (optional).....

<input type="text" value="3100.00"/>

Total This Period (last page this line number only).....

<input type="text"/>

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PHIL DELOZIER

Mailing Address **4010 RILEY STREET**
H

City **HOUSTON** State **TX** Zip Code **77005**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ENERVEST, LTD** Occupation **BUSINESSMAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121544

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
MAKAN DELRAHIM

Mailing Address **2049 CENTURY PARK EAST**

City **LOS ANGELES** State **CA** Zip Code **90067**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Brownstein Hyatt Farber Schreck** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121546

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
MAKAN DELRAHIM

Mailing Address **2049 CENTURY PARK EAST**

City **LOS ANGELES** State **CA** Zip Code **90067**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Brownstein Hyatt Farber Schreck** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121547

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	5

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DEL DEMAREE

Mailing Address **5511 FOUR MILE DR.**

City **KOKOMO** State **IN** Zip Code **46901**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SYNDICATE DALES INC.** Occupation **EXEC.**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **600.00**

Transaction ID : SA17A.121548

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DEL DEMAREE

Mailing Address **5511 FOUR MILE DR.**

City **KOKOMO** State **IN** Zip Code **46901**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SYNDICATE DALES INC.** Occupation **EXEC.**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **850.00**

Transaction ID : SA17A.121549

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEVEN DENEVAN

Mailing Address **8605 W 127TH PL**

City **OVERLAND PARK** State **KS** Zip Code **66213**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Transaction ID : SA17A.121551

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PASQUALE DEON

Mailing Address 526 OXFORD VALLEY RD

City State Zip Code
FAIRLESS HILLS PA 19030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121553

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
JACK DEPPISCH

Mailing Address N74W15969 STONEWOOD

City State Zip Code
MENOMONEE FAL WI 53051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SATTELL, JOHNSON, APPEL & CO. S.C. CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121555

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
THOMAS DERBY

Mailing Address 106 COUNTRY CLIB RD

City State Zip Code
BELLPORT NY 11713

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMERALD ISLAND SUPPLY CO MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121556

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ 3050.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
COLLEEN DESANTIS

Mailing Address 4552 HIGH ROCK TER

City	State	Zip Code
MARIETTA	GA	30066

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MIMEDX GROUP	DIRECTOR OF REIMBURS.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121558

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
MARLENE DESIMONE

Mailing Address 3154 CHIPPING WOOD COURT

City	State	Zip Code
ALPHARETTA	GA	30004

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MIMEDX	MARKETING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121560

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
JIYOUNG DESOMBRE

Mailing Address 125 BROAD ST

City	State	Zip Code
NEW YORK	NY	10004

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121562

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TIMOTHY J DEVANNEY

Mailing Address **70 PORTER ST**

City **MANCHESTER** State **CT** Zip Code **06040**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121564

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
EMMETT DEVEREUX

Mailing Address **PO BOX 1607**

City **FLORENCE** State **OR** Zip Code **97439**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245.00

Transaction ID : SA17A.121565

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2015

Amount of Each Receipt this Period
115.00

C. Full Name (Last, First, Middle Initial)
MARCIA DEVLIN

Mailing Address **125 E CUTTRISS ST**

City **PARK RIDGE** State **IL** Zip Code **60068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121567

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **615.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 395 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JAN DEVRIES Mailing Address 15370 WHISTLING LANE City State Zip Code CARMEL IN 46033 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>			Transaction ID : SA17A.121569 Date of Receipt <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>08</td><td></td><td></td><td>06</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> Amount of Each Receipt this Period <input type="text" value="2700.00"/>	M	M	/	D	D	/	Y	Y	Y	Y	08			06			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
08			06			2015																	
B. Full Name (Last, First, Middle Initial) PAUL DEWEY Mailing Address 39 GRASSLAND WAY City State Zip Code WESTERLY RI 02891 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation DEWEY VIDEO PRODUCER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>			Transaction ID : SA17A.121571 Date of Receipt <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>07</td><td></td><td></td><td>15</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> Amount of Each Receipt this Period <input type="text" value="500.00"/>	M	M	/	D	D	/	Y	Y	Y	Y	07			15			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			15			2015																	
C. Full Name (Last, First, Middle Initial) MARK DIAZ Mailing Address 3050 DARIEN PARK DRIVE City State Zip Code ROSWELL GA 30076 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation MIMEDX SALES OPERATION Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>			Transaction ID : SA17A.121573 Date of Receipt <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>07</td><td></td><td></td><td>10</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table> Amount of Each Receipt this Period <input type="text" value="1000.00"/>	M	M	/	D	D	/	Y	Y	Y	Y	07			10			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			10			2015																	

Subtotal Of Receipts This Page (optional).....
Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONALD F DICKERSON

Mailing Address 226 4TH ST

City	State	Zip Code
DEL MAR	CA	92014

FEC ID number of contributing federal political committee.

Name of Employer
DONALD F. DICKERSON ASSOCIAT

Occupation
OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121575

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
WILLIAM DICKEY

Mailing Address 2317 SUL ROSS

City	State	Zip Code
HOUSTON	TX	77098

FEC ID number of contributing federal political committee.

Name of Employer
SELF-EMPLOYED

Occupation
REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121577

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
MICHELLE DICKMAN

Mailing Address 1324 N LIBERTY LAKE
2

City	State	Zip Code
LIBERTY LAKE	WA	99019

FEC ID number of contributing federal political committee.

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121578

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANN DICKSON

Mailing Address 117 N BUESCHING ROAD

City State Zip Code
LAKE ZURICH IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.121580

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period
220.00

B. Full Name (Last, First, Middle Initial)
RICHARD DICKSON

Mailing Address 1278 MAIN ST P.O. BOX 253

City State Zip Code
MT DESERT ME 04660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121582

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
FRANK H DI CRISTIN

Mailing Address 4505 GARMON RD NW

City State Zip Code
ATLANTA GA 30327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DICRISTINA INTERNATIONAL COR AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121584

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 970.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BARBARA C DIEHL

Mailing Address 13210 OAK RIDGE TRAIL,

City State Zip Code
PALOS HEIGHTS IL 60463

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.121585

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
WILLIAM DIERCKSEN

Mailing Address 1239 CAMBRIA BND

City State Zip Code
KISSIMMEE FL 34759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121587

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM DIERCKSEN

Mailing Address 1239 CAMBRIA BND

City State Zip Code
KISSIMMEE FL 34759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.121588

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 825.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM DIERCKSEN

Mailing Address 1239 CAMBRIA BND

City	State	Zip Code
KISSIMMEE	FL	34759

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1250.00

Transaction ID : SA17A.121589

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

_____ 500.00

B. Full Name (Last, First, Middle Initial)
LYNELLE DIESTLER

Mailing Address 699 THORNBERRY CREEK DRI

City	State	Zip Code
HOBART	WI	54155

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.121591

Date of Receipt

M M / D D / Y Y Y Y
08 / 26 / 2015

Amount of Each Receipt this Period

_____ 1000.00

C. Full Name (Last, First, Middle Initial)
JOYCE DILL

Mailing Address 3725 W CENTER ST

City	State	Zip Code
CINCINNATI	OH	45227

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Transaction ID : SA17A.121592

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

_____ 150.00

Subtotal Of Receipts This Page (optional).....▶ **1650.00**

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOYCE DILL

Mailing Address **3725 W CENTER ST**

City State Zip Code
CINCINNATI OH 45227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.121593

Date of Receipt

07 / 20 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JOYCE DILL

Mailing Address **3725 W CENTER ST**

City State Zip Code
CINCINNATI OH 45227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17A.121594

Date of Receipt

07 / 20 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
MAX M DILLARD

Mailing Address **3408 SOUTHWESTERN BL**

City State Zip Code
DALLAS TX 75225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DILLARD ANDERSON GROUP FOUNDER AND MANAGING DIR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.121596

Date of Receipt

07 / 28 / 2015

Amount of Each Receipt this Period

2000.00

Subtotal Of Receipts This Page (optional)..... **2750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL DIMICCO

Mailing Address 1012 FIRETHORNE CLUB DRIVE

City State Zip Code
WAXHAW NC 28173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121603

Date of Receipt

MM / DD / YYYY
06 / 18 / 2015

Amount of Each Receipt this Period

5400.00

B. Full Name (Last, First, Middle Initial)
DANIEL DIMICCO

Mailing Address 1012 FIRETHORNE CLUB DRIVE

City State Zip Code
WAXHAW NC 28173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128794

Date of Receipt

MM / DD / YYYY
06 / 18 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARILYN DIMICCO

Mailing Address 1012 FIRETHORNE CLUB DRIVE

City State Zip Code
WAXHAW NC 28173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128796

Date of Receipt

MM / DD / YYYY
06 / 18 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MAGDA W DIMMENDAAL

Mailing Address **23650 VIA VENETO BLV**

City	State	Zip Code
BONITA SPRING	FL	34134

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121605

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
KEN DIPAOLA

Mailing Address **44 WEST 77TH STREET, APT 10E**

City	State	Zip Code
NEW YORK	NY	10024

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121607

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
GIUSEPPE DIPIETRO

Mailing Address **38 MOUNTAIN ASH LN**

City	State	Zip Code
PEMBROKE	MA	02359

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CELCO CONSTRUCTION CORP	CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121609

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ORLANDO N DI RIENZO

Mailing Address P.O. BOX 49

City POTTERSVILLE State NJ Zip Code 07979

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121611

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ORLANDO N DI RIENZO

Mailing Address P.O. BOX 49

City POTTERSVILLE State NJ Zip Code 07979

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.121612

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
JOHN DIRKSE

Mailing Address 6026 W WASHINGTON BOULEVARD

City WAUWATOSA State WI Zip Code 53213

FEC ID number of contributing federal political committee. **C**

Name of Employer AEGIS CORPORATION Occupation N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121614

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ 3150.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID DITORO

Mailing Address 501 UNION ST

City State Zip Code
SCHENECTADY NY 12305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROSSI & DITORO FUNERAL HOME FUNERAL DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121616

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
TERENCE W DITTRICH

Mailing Address 803 N PONDEROSA DR

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SPANCRETE MACHINERY CORPORATION SALES MANAGER -- SA08 - SALES &

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121618

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
ASHLEIGH DIXON

Mailing Address 19 KAI MAKANI LP #202

City State Zip Code
KIHEI HI 96753

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE ANESTHESIA MEDICAL GROUP INC. ANESTHESIOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121620

Date of Receipt

/ /

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEVE DIXON

Mailing Address 1101 N. TYRONE DR.

City State Zip Code
MUNCIE IN 47304

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BECKETT BRONZE CO INC MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121622

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
ANTHONY DOBSKI

Mailing Address 3008 O HENRY DR

City State Zip Code
LAREDO TX 78041

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121624

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
MARY DOBSKI

Mailing Address 3008 O HENRY DR

City State Zip Code
LAREDO TX 78041

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121626

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT DOBSKI

Mailing Address **14 WORTHINGTON CT**

City	State	Zip Code
BLOOMINGTON	IL	61704

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PEORIA-BLOOMINGTON MCDONALD'	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Transaction ID : SA17A.121628

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period
 _____ 2000.00

B. Full Name (Last, First, Middle Initial)
THOMAS F DOBSON

Mailing Address **506 LAKE ST**

City	State	Zip Code
MOUNT HOREB	WI	53572

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 228.00

Transaction ID : SA17A.121629

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	5

Amount of Each Receipt this Period
 _____ 75.00

C. Full Name (Last, First, Middle Initial)
JOSEPH DOCTORA

Mailing Address **366 S LOWRY STREET**

City	State	Zip Code
SMYRNA	TN	37167

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 222.00

Transaction ID : SA17A.121631

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period
 _____ 222.00

Subtotal Of Receipts This Page (optional).....▶ **2297.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRUCE DODGE

Mailing Address 3252 HILARY CIRCLE

City State Zip Code
PALM HARBOR FL 34684

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOULEVARD AWNING CO. OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121633

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RICHARD G DOERFER

Mailing Address 6512 WHALEN RD

City State Zip Code
VERONA WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121635

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PRESTON DOERFLINGER

Mailing Address 7915 SOUTH FULTON AVENUE

City State Zip Code
TULSA OK 74136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE OF OKLAHOMA CABINET SECRETARY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121637

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRIAN DOLAN

Mailing Address **765 ORCHARD AVENUE**

City State Zip Code
AURORA IL 60506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.121639

Date of Receipt
M M / D D / Y Y Y Y
09 08 2015

Amount of Each Receipt this Period
600.00

B. Full Name (Last, First, Middle Initial)
WILLIAM DOLAN

Mailing Address **1040 E. OSBORN RD.
6**

City State Zip Code
PHOENIX AZ 85014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121641

Date of Receipt
M M / D D / Y Y Y Y
09 15 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DAVID DOLATA

Mailing Address **W2932 KAHL RD**

City State Zip Code
MARKESAN WI 53946

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121643

Date of Receipt
M M / D D / Y Y Y Y
07 15 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **3550.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 410 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHAWN DOLLEY

Mailing Address 1106 21ST ST SOUTH

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.121645

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2015

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
SHAWN DOLLEY

Mailing Address 1106 21ST ST SOUTH

City ARLINGTON State VA Zip Code 22202

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 550.00

Transaction ID : SA17A.121646

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
CHARLES DOMINSKI

Mailing Address N8685 STERMAN ROAD

City EAST TROY State WI Zip Code 53120

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PLUMBER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.121648

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
 250.00

Subtotal Of Receipts This Page (optional)..... 800.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAULA DOMSKE

Mailing Address **3364 LOWE NETTLE KNOB ROAD**

City State Zip Code
WEST JEFFERSON NC 28694

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BUSHHOG AMERICA,INC SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121650

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KAREN M DONALDSON

Mailing Address **P.O. BOX 976**

City State Zip Code
BELOIT WI 53512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VIVID, INC. V.P. & SECRETARY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121652

Date of Receipt
M M / D D / Y Y Y Y
08 17 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SUSAN A DONALDSON

Mailing Address **104 ASPEN GLEN DRIVE**

City State Zip Code
SPRING GREEN WI 53588

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VIVID INC. THE HOUSE ON GUIDE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121654

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN DONDANVILLE

Mailing Address **622 WEST ARLINGTON**

City **CHICAGO** State **IL** Zip Code **60614**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121655

Date of Receipt

07 / 22 / 2015

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
WILLIAM G DONOHUE

Mailing Address **7 VICKSBURG CT**

City **MADISON** State **WI** Zip Code **53718**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.121656

Date of Receipt

08 / 20 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
J ROBERT DOODY

Mailing Address **42 CROSS CREEK DRIVE WEST**

City **MOUNTAIN BROOK** State **AL** Zip Code **35213**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121658

Date of Receipt

06 / 19 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **550.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GENE DOOLEY

Mailing Address 2808 WATERBANK CV

City State Zip Code
AUSTIN TX 78746

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121660

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BILLY DOORNBOS

Mailing Address PO BOX 728

City State Zip Code
NEDERLAND TX 77627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50.00

Transaction ID : SA17A.31523

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-50.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RONALD DOORNINK

Mailing Address 872 6TH STREET

City State Zip Code
MANHATTAN BEACH CA 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RON DOORNINK INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121662

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 3200.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONALD R DORSCH

Mailing Address 4731 BONITA BAY BLVD

City	State	Zip Code
BONITA SPRING	FL	34134

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.121670

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

_____ 1000.00

B. Full Name (Last, First, Middle Initial)
GEORGE DOSTIE

Mailing Address 7589 BLUE FOX RUN

City	State	Zip Code
WEST CHESTER	OH	45069

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Transaction ID : SA17A.121672

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

_____ 400.00

C. Full Name (Last, First, Middle Initial)
JERILEE DOTY

Mailing Address 2112 CENTURY PARK LANE,

City	State	Zip Code
LOST ANGELES	CA	90067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 275.00

Transaction ID : SA17A.121674

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period

_____ 275.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1675.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONALD J DOUBEK

Mailing Address **6626 W WYANDOT DRIVE**

City	State	Zip Code
PALOS HEIGHTS	IL	60463

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121676

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
STEVEN DOUBET

Mailing Address **8801 WERNER RD**

City	State	Zip Code
NEW BERLIN	IL	62670

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121678

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
SYDNEY DOUMANI

Mailing Address **8617 LAKERIDGE CIR**

City	State	Zip Code
LAS VEGAS	NV	89117-5828

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.121680

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2015

Amount of Each Receipt this Period

700.00

Subtotal Of Receipts This Page (optional).....▶ **1700.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD DOUSMAN

Mailing Address **389 E DEERPATH**

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121682

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PAUL N DOUTHAT

Mailing Address **5839 BROOKBANK LN**

City State Zip Code
MISSION HILLS KS 66208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PAUL N DOUTHAT COMPANY INC. FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121684

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GREG DOUTHIT

Mailing Address **232 JUAREZ DR.**

City State Zip Code
HERMITAGE TN 37076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121686

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN DOWD

Mailing Address 1529 CROWELL ROAD

City	State	Zip Code
VIENNA	VA	22182

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JOHN M. DOWD LLC	ATTRNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121688

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

B. Full Name (Last, First, Middle Initial)
NANCY DOWNING

Mailing Address 1829 SHOREHAM DRIVE

City	State	Zip Code
CHARLOTTE	NC	28211

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121690

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

Amount of Each Receipt this Period

<input type="text" value="2000.00"/>

C. Full Name (Last, First, Middle Initial)
DAVID DOWSON

Mailing Address 305 NE 91ST STREET

City	State	Zip Code
MIAMI SHORES	FL	33138

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121692

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			24			2015			

Amount of Each Receipt this Period

<input type="text" value="400.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID DOWSON

Mailing Address 305 NE 91ST STREET

City	State	Zip Code
MIAMI SHORES	FL	33138

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 730.00

Transaction ID : SA17A.121693

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period

_____ 330.00

B. Full Name (Last, First, Middle Initial)
JOSEPH DOYLE

Mailing Address 51 INMAN CIRCLE NE

City	State	Zip Code
ATLANTA	GA	30309

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.121695

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

_____ 250.00

C. Full Name (Last, First, Middle Initial)
JAMES DOZIER

Mailing Address 60 PERIMETER CENTER PLACE, NE

City	State	Zip Code
ATLANTA	GA	30346

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MIMEDY	IT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.121697

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period

_____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1080.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JACK DRAPER Mailing Address 1808 BELLAMY OAKS DR City KNOXVILLE State TN Zip Code 37922 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer JACK B DRAPER ATTORNEYS Occupation FOUNDER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date <input type="text" value="250.00"/>		Transaction ID : SA17A.121699 Date of Receipt M M / D D / Y Y Y Y 08 / 04 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
B. Full Name (Last, First, Middle Initial) J. DAVID DRESHER Mailing Address 1819 5TH AVENUE NORTH City BIRMINGHAM State AL Zip Code 35203 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date <input type="text" value="250.00"/>		Transaction ID : SA17A.121701 Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
C. Full Name (Last, First, Middle Initial) ADAM DREWNIAKY Mailing Address 30 DANFORD CT City REDWOOD CITY State CA Zip Code 94062 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer SBS Occupation CEO Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date <input type="text" value="1000.00"/>		Transaction ID : SA17A.121703 Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2015 Amount of Each Receipt this Period <input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ADAM DREWNIANY

Mailing Address 30 DANFORD CT

City	State	Zip Code
REDWOOD CITY	CA	94062

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SBS	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121704

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ROY H DRINKARD

Mailing Address PO BOX 996

City	State	Zip Code
CULLMAN	AL	35055

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121706

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SHIRLEY DRUM

Mailing Address 1315 BLACK MOUNTAIN

City	State	Zip Code
HILLSBOROUGH	CA	94010

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121708

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SARA DRUMMOND

Mailing Address 14852 CR 1099

City	State	Zip Code
MONTALBA	TX	75853

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121710

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WANDA DRURY

Mailing Address 467 FARRAR DRIVE

City	State	Zip Code
CAPE GIRARDEA	MO	63701

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121712

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SANDRA DUBIS

Mailing Address 7802 TOWN LINE RD

City	State	Zip Code
WATERFORD	WI	53185

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	BOOKKEEPING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121714

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAY DUBOIS

Mailing Address **905 RIDGEWOOD ROAD**
R

City **ROCKFORD** State **IL** Zip Code **00000**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DUBOIS JAY G MD** Occupation **DOCTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121716

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JAY DUBOIS

Mailing Address **905 RIDGEWOOD ROAD**
R

City **ROCKFORD** State **IL** Zip Code **00000**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DUBOIS JAY G MD** Occupation **DOCTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.121717

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SAM DUBOSE

Mailing Address **32 INTERLOCHEN DR NE**

City **ATLANTA** State **GA** Zip Code **30342**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WHITE ELECTRICAL CONSTRUCTION** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121719

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DALE J DUCAT

Mailing Address P.O. BOX 1934

City	State	Zip Code
APPLETON	WI	54912

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121721

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
RICHARD DUCHOSSOIS

Mailing Address 65 SPRING CREEK RD

City	State	Zip Code
BARRINGTON	IL	60010

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DUCHOSSOIS GROUP	FOUNDER AND CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121723

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			01			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

C. Full Name (Last, First, Middle Initial)
DONALD DUDLEY

Mailing Address 3225 S 123RD STREET

City	State	Zip Code
WEST ALLIS	WI	53227

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121725

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			18			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY DUFEK

Mailing Address 20285 SW 177TH AVE

City State Zip Code
MIAMI FL 33187

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121727

Date of Receipt

M M / D D / Y Y Y Y
08 18 2015

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
KELLY DUGGAN

Mailing Address 1205 MORGAN LEFAY LN.

City State Zip Code
LEWISVILLE TX 75056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121729

Date of Receipt

M M / D D / Y Y Y Y
06 25 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
226.25

Transaction ID : SA17A.121730

Date of Receipt

M M / D D / Y Y Y Y
07 18 2015

Amount of Each Receipt this Period

35.00

Subtotal Of Receipts This Page (optional).....▶ **585.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
251.25

Transaction ID : SA17A.121731

Date of Receipt

M M / D D / Y Y Y Y
07 18 2015

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
286.25

Transaction ID : SA17A.121732

Date of Receipt

M M / D D / Y Y Y Y
07 18 2015

Amount of Each Receipt this Period

35.00

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
386.25

Transaction ID : SA17A.121733

Date of Receipt

M M / D D / Y Y Y Y
07 20 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ **160.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121737

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

<input type="text" value="10.00"/>

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121738

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

<input type="text" value="1.07"/>

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121739

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

<input type="text" value="1.07"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
409.46

Transaction ID : SA17A.121740

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
410.53

Transaction ID : SA17A.121741

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
411.56

Transaction ID : SA17A.121742

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
410.49

Transaction ID : SA17A.121743

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
409.42

Transaction ID : SA17A.121744

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
408.39

Transaction ID : SA17A.121745

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
407.32

Transaction ID : SA17A.121746

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

CHARGEBACK

Amount of Each Receipt this Period

-1.07

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
406.25

Transaction ID : SA17A.121747

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

CHARGEBACK

Amount of Each Receipt this Period

-1.07

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
407.34

Transaction ID : SA17A.121748

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

1.09

Subtotal Of Receipts This Page (optional).....▶ **-1.05**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
408.44

Transaction ID : SA17A.121749

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
407.34

Transaction ID : SA17A.121750

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
406.25

Transaction ID : SA17A.121751

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
407.32

Transaction ID : SA17A.121752

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

1.07

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
408.39

Transaction ID : SA17A.121753

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

1.07

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
409.46

Transaction ID : SA17A.121754

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

1.07

Subtotal Of Receipts This Page (optional).....▶ **3.21**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 410.53

Transaction ID : SA17A.121755

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

_____ 1.07

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 411.60

Transaction ID : SA17A.121756

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

_____ 1.07

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 412.67

Transaction ID : SA17A.121757

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

_____ 1.07

Subtotal Of Receipts This Page (optional).....▶ _____ 3.21

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
411.60

Transaction ID : SA17A.121758

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
410.53

Transaction ID : SA17A.121759

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
409.46

Transaction ID : SA17A.121760

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
408.39

Transaction ID : SA17A.121761

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-1.07

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
407.32

Transaction ID : SA17A.121762

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-1.07

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
406.25

Transaction ID : SA17A.121763

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-1.07

Subtotal Of Receipts This Page (optional).....▶ -3.21

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee.

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121764

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

<input type="text" value="1.07"/>

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee.

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121765

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

<input type="text" value="1.12"/>

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee.

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121766

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

<input type="text" value="12.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
430.44

Transaction ID : SA17A.121767

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
420.44

Transaction ID : SA17A.121768

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-10.00

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
421.45

Transaction ID : SA17A.121769

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
1.01

Subtotal Of Receipts This Page (optional).....▶ 1.01

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee.

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121770

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee.

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121771

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee.

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121772

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

CHARGEBACK

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
421.45

Transaction ID : SA17A.121773

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-1.02

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
420.44

Transaction ID : SA17A.121774

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-1.01

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
421.66

Transaction ID : SA17A.121775

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
1.22

Subtotal Of Receipts This Page (optional).....▶ **-0.81**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121776

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

<input type="text" value="1.23"/>

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121777

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

<input type="text" value="1.24"/>

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121778

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

CHARGEBACK

Amount of Each Receipt this Period

<input type="text" value="-1.22"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
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A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
421.68

Transaction ID : SA17A.121779

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

CHARGEBACK

Amount of Each Receipt this Period

-1.23

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
422.93

Transaction ID : SA17A.121780

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

1.25

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
421.69

Transaction ID : SA17A.121781

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

CHARGEBACK

Amount of Each Receipt this Period

-1.24

Subtotal Of Receipts This Page (optional).....▶ **-1.22**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
420.44

Transaction ID : SA17A.121782

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
421.54

Transaction ID : SA17A.121783

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
420.44

Transaction ID : SA17A.121784

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
421.46

Transaction ID : SA17A.121785

Date of Receipt

M M / D D / Y Y Y Y
08 19 2015

Amount of Each Receipt this Period

1.02

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
422.47

Transaction ID : SA17A.121786

Date of Receipt

M M / D D / Y Y Y Y
08 21 2015

Amount of Each Receipt this Period

1.01

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
423.48

Transaction ID : SA17A.121787

Date of Receipt

M M / D D / Y Y Y Y
08 21 2015

Amount of Each Receipt this Period

1.01

Subtotal Of Receipts This Page (optional).....▶ **3.04**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121788

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2015

Amount of Each Receipt this Period

<input type="text" value="1.00"/>

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121789

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2015

Amount of Each Receipt this Period

<input type="text" value="1.01"/>

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121790

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2015

Amount of Each Receipt this Period

<input type="text" value="1.01"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
427.51

Transaction ID : SA17A.121791

Date of Receipt

M M / D D / Y Y Y Y
08 21 2015

Amount of Each Receipt this Period

1.01

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
428.52

Transaction ID : SA17A.121792

Date of Receipt

M M / D D / Y Y Y Y
08 21 2015

Amount of Each Receipt this Period

1.01

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
429.53

Transaction ID : SA17A.121793

Date of Receipt

M M / D D / Y Y Y Y
08 21 2015

Amount of Each Receipt this Period

1.01

Subtotal Of Receipts This Page (optional).....▶ **3.03**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
430.55

Transaction ID : SA17A.121794

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
431.58

Transaction ID : SA17A.121795

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
432.64

Transaction ID : SA17A.121796

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
433.72

Transaction ID : SA17A.121797

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
434.84

Transaction ID : SA17A.121798

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
435.96

Transaction ID : SA17A.121799

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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A. Full Name (Last, First, Middle Initial)
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City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
437.09

Transaction ID : SA17A.121800

Date of Receipt

M M / D D / Y Y Y Y
08 21 2015

Amount of Each Receipt this Period

1.13

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
435.97

Transaction ID : SA17A.121801

Date of Receipt

M M / D D / Y Y Y Y
08 21 2015

CHARGEBACK

Amount of Each Receipt this Period

-1.12

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
434.85

Transaction ID : SA17A.121802

Date of Receipt

M M / D D / Y Y Y Y
08 21 2015

CHARGEBACK

Amount of Each Receipt this Period

-1.12

Subtotal Of Receipts This Page (optional).....▶ **-1.11**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
433.77

Transaction ID : SA17A.121803

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
432.71

Transaction ID : SA17A.121804

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
431.70

Transaction ID : SA17A.121805

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
430.69

Transaction ID : SA17A.121806

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
429.69

Transaction ID : SA17A.121807

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
428.68

Transaction ID : SA17A.121808

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
427.67

Transaction ID : SA17A.121809

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			21			2015			

CHARGEBACK

Amount of Each Receipt this Period

-1.01

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
426.66

Transaction ID : SA17A.121810

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			21			2015			

CHARGEBACK

Amount of Each Receipt this Period

-1.01

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.65

Transaction ID : SA17A.121811

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			21			2015			

CHARGEBACK

Amount of Each Receipt this Period

-1.01

Subtotal Of Receipts This Page (optional).....▶ **-3.03**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
421.46

Transaction ID : SA17A.121815

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
422.60

Transaction ID : SA17A.121816

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
423.75

Transaction ID : SA17A.121817

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
422.60

Transaction ID : SA17A.121818

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
421.46

Transaction ID : SA17A.121819

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
422.46

Transaction ID : SA17A.121820

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
424.46

Transaction ID : SA17A.121821

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
427.46

Transaction ID : SA17A.121822

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
426.46

Transaction ID : SA17A.121823

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
424.46

Transaction ID : SA17A.121824

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
421.46

Transaction ID : SA17A.121825

Date of Receipt

/ /

CHARGEBACK

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
451.46

Transaction ID : SA17A.121826

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
461.46

Transaction ID : SA17A.121827

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
961.46

Transaction ID : SA17A.121828

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
962.56

Transaction ID : SA17A.121829

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
963.67

Transaction ID : SA17A.121830

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
964.68

Transaction ID : SA17A.121831

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INSOURCECODE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
966.68

Transaction ID : SA17A.121832

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

967.88

Transaction ID : SA17A.121833

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	5

Amount of Each Receipt this Period

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B. Full Name (Last, First, Middle Initial)
CALEB DUKE

Mailing Address 13501 WEST RD

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer INSOURCECODE	Occupation DEVELOPER
----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

968.89

Transaction ID : SA17A.121834

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	1.01
---	-------------

C. Full Name (Last, First, Middle Initial)
SANDRA DULIN

Mailing Address 7066 NORWAY RD

City	State	Zip Code
SUN PRAIRIE	WI	53590

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Transaction ID : SA17A.121835

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	200.00
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Subtotal Of Receipts This Page (optional)..... **202.21**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MAX DUNCAN

Mailing Address 95 SKIDAWAY ISLAND P
2

City SAVANNAH State GA Zip Code 31411

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121836

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MAX DUNCAN

Mailing Address 95 SKIDAWAY ISLAND P
2

City SAVANNAH State GA Zip Code 31411

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.121837

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DONALD DUNCKLEE

Mailing Address 6267 SHADOW TREE LN

City LAKE WORTH State FL Zip Code 33463

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121839

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional).....▶ 450.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JOHN DUNION		Transaction ID : SA17A.121841 Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2015
Mailing Address 105 SANTA ROSA PLACE City State Zip Code SANTA BARBARA CA 93109		Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer CKE RESTAURANTS HOLDINGS INC	Occupation EXECUTIVE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ _____ 500.00	

B. Full Name (Last, First, Middle Initial) CHRISTY A DUNKELBERG		Transaction ID : SA17A.121843 Date of Receipt M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 79 SMOKERISE PT City State Zip Code PEACHTREE CIT GA 30269		Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ _____ 500.00	

C. Full Name (Last, First, Middle Initial) JAMES DUNMYER		Transaction ID : SA17A.121845 Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 4440 W SAMARIA ROAD City State Zip Code TEMPERANCE MI 48182		Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ _____ 500.00	

Subtotal Of Receipts This Page (optional).....▶ _____ 1500.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ERIC L DUNN

Mailing Address 11691 PETTIT ST

City MORENO VALLEY State CA Zip Code 92555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALESHIRE & WYNDER, LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121847

Date of Receipt
MM / DD / YYYY
07 / 22 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL DUNN

Mailing Address 3492 N TRAINER ROAD

City ROCKFORD State IL Zip Code 61114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DOCKERSON NIEMAN REALTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121849

Date of Receipt
MM / DD / YYYY
09 / 07 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DAVID DUNNAVANT

Mailing Address 331 RESERVE RIDGE DR.

City HUFFMAN State TX Zip Code 77336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MARABOU MIDSTREAM SERVICES OIL & GAS MIDSTREAM

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121851

Date of Receipt
MM / DD / YYYY
07 / 17 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VICKERY DYE

Mailing Address 793 BISHOPS CIRCLE

City	State	Zip Code
EVANS	GA	30809

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SOUTHEAST PUMP SPECIALIST, INC.	BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.121859

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

_____	250.00
-------	--------

B. Full Name (Last, First, Middle Initial)
JAMES DYER

Mailing Address 123 TERRACE DRIVE

City	State	Zip Code
LAKE GENEVA	WI	53147

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.121861

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

Amount of Each Receipt this Period

_____	2700.00
-------	---------

C. Full Name (Last, First, Middle Initial)
ROBERT A. DYER JR

Mailing Address P.O. BOX #103

City	State	Zip Code
OCONOMOWOC	WI	53066

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.121863

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	5

Amount of Each Receipt this Period

_____	250.00
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Subtotal Of Receipts This Page (optional).....▶ **3200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LISA A DYKEMA

Mailing Address 1535 FOX RIDGE COURT

City State Zip Code
DEPERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CIRCLE PACKAGING MACHIN FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121865

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JAMES E DZIAK

Mailing Address 320 MCGRATH LN

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
303.00

Transaction ID : SA17A.121866

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period
203.00

C. Full Name (Last, First, Middle Initial)
LEONARD DZIUBLA

Mailing Address 999 KINGS RD

City State Zip Code
HARTFORD WI 53027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PHOENIX CARE SYSTEMS, INC. PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121868

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1703.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NADEAN EADS

Mailing Address 18305 KITZMAN RD

City State Zip Code
CYPRESS TX 77429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121870

Date of Receipt

06 / **24** / **2015**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ALAN EARHART

Mailing Address 1370 PRITCHETT CT

City State Zip Code
LOS ALTOS CA 94024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121872

Date of Receipt

07 / **14** / **2015**

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FORREST L EARLABAUGH

Mailing Address 3701 SEASCAPE DR

City State Zip Code
HUNTINGTON BE CA 92649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEACON CONCRETE INC CO-OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.121874

Date of Receipt

06 / **26** / **2015**

Amount of Each Receipt this Period

2500.00

Subtotal Of Receipts This Page (optional).....▶ **3750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
R. EASTLAND

Mailing Address 2689 HIGHWAY 39

City	State	Zip Code
HUNT	TX	78024

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
R G EASTLAND	DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.121876

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM EATON

Mailing Address 31671 ISLE ROYAL DR

City	State	Zip Code
LAGUNA NIGUEL	CA	92677

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.121877

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2015

Amount of Each Receipt this Period

_____ 150.00

C. Full Name (Last, First, Middle Initial)
DAN EBERHART

Mailing Address 11451 KATY FWY, SUITE 505

City	State	Zip Code
HOUSTON	TX	77079

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CANARY, LLC	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.121879

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period

_____ 2700.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3100.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JACOB EBERHART

Mailing Address 2800 KIRBY DR

City State Zip Code
HOUSTON TX 77098

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CANARY, LLC VP OF COMMUNICATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121881

Date of Receipt

/ /

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DAVID R EBERT

Mailing Address 6130 CULPEPPER LN

City State Zip Code
MADISON WI 53718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NERCON ENG & MFG FIELD SERVICE SUPERVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121883

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DAVID R EBERT

Mailing Address 6130 CULPEPPER LN

City State Zip Code
MADISON WI 53718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NERCON ENG & MFG FIELD SERVICE SUPERVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121884

Date of Receipt

/ /

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DIANE EBERT

Mailing Address 95 ASH ST

City State Zip Code
CRESSONA PA 17929

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121886

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
FREDERICK ECK

Mailing Address 215 WEST MADISON AVENUE

City State Zip Code
WHEATON IL 60187

FEC ID number of contributing federal political committee.

Name of Employer Occupation
THE RANDOLPH GROUP JOB CREATOR/INNOVATION SPONSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121888

Date of Receipt
M M / D D / Y Y Y Y
07 / 07 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ROBERT ECK

Mailing Address 245 DAYBREAK LN

City State Zip Code
SOUTHPORT CT 06890

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121890

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JENNIFER ECKER

Mailing Address 7204 COUNTY LINE RD

City	State	Zip Code
HARTLAND	WI	53029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BMO	BMO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 225.00

Transaction ID : SA17A.121891

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 125.00

B. Full Name (Last, First, Middle Initial)
GRACE ECKLAND

Mailing Address N2315 CHAPIN ROAD

City	State	Zip Code
LAKE GENEVA	WI	53147

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.121893

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 250.00

C. Full Name (Last, First, Middle Initial)
MARGARET EDDY

Mailing Address 1300 N MAIN ST

City	State	Zip Code
SIKESTON	MO	63801

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.121895

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 250.00

Subtotal Of Receipts This Page (optional)..... 625.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROLAND & EDDY

Mailing Address 1273 SIMEON PL

City State Zip Code
ESCONDIDO CA 92029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121897

Date of Receipt

07 / 13 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
TOMMY EDGAR

Mailing Address 18172 E 810 RD

City State Zip Code
KINGFISHER OK 73750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.121899

Date of Receipt

08 / 03 / 2015

Amount of Each Receipt this Period

203.00

C. Full Name (Last, First, Middle Initial)
IRINA EDIRISINGH

Mailing Address 3905 N PROSPECT AVE

City State Zip Code
SHOREWOOD WI 53211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VELICON PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121901

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **5603.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JULIA EDWARDS

Mailing Address 1408 COMMUNITY LANE

City	State	Zip Code
MIDLAND	TX	79701

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WHITE STAR ENERGY	OIL & GAS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121909

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ROGER EGLAND

Mailing Address 110 GRAND AVE.

City	State	Zip Code
STORM LAKE	IA	50588

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121911

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DENNIS EHRREICH

Mailing Address 10 HITCHING POST RD

City	State	Zip Code
LAKEVILLE	MA	02347

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ERCON INC.	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121913

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID PATRICK EICH

Mailing Address 19 LAWRENCE COURT

City State Zip Code
APPLETON WI 54911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIRKLAND & ELLIS LLP PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121915

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
DAVID PATRICK EICH

Mailing Address 19 LAWRENCE COURT

City State Zip Code
APPLETON WI 54911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIRKLAND & ELLIS LLP PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.121916

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
DOUGLAS EIDSON

Mailing Address 2874 NORTH HILLS DRIVE

City State Zip Code
ATLANTA GA 30305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AVISON YOUNG N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121918

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY F EISENBERG

Mailing Address **24 STANFORD AVE**

City State Zip Code
WEST ORANGE NJ 07052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PERKINS COIE LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121920

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JAMES EKBERG

Mailing Address **6345 SW DOLPH DRIVE**

City State Zip Code
PORTLAND OR 97219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121922

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KEITH L ELDREDGE

Mailing Address **79 BIG ROCK DR**

City State Zip Code
DOVER PA 17315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RKL PARTNER AUDIT SERVICE GR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121924

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT ELEY

Mailing Address 125 26TH ST NW

City EAST WENATCHE State WA Zip Code 98802

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Transaction ID : SA17A.121926

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

550.00

B. Full Name (Last, First, Middle Initial)
ELIOT AND BONNIE ELFNER

Mailing Address 3240 BITTERS CT

City GREEN BAY State WI Zip Code 54301

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121928

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
YALI ELKIN

Mailing Address 583 GRENVILLE AVE

City TEANECK State NJ Zip Code 07666

FEC ID number of contributing federal political committee. **C**

Name of Employer LUCEINA, LLC Occupation CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121930

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 1050.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL ELLENTUCK

Mailing Address 2912 WHITE DOVE DR

City State Zip Code
PLANO TX 75093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LEGACY SENIOR COMMUNITIES CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121932

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JAMES ELLER

Mailing Address 3687 CONRAD AVE.

City State Zip Code
SAN DIEGO CA 92117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121934

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES ELLER

Mailing Address 3687 CONRAD AVE.

City State Zip Code
SAN DIEGO CA 92117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.121935

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 850.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES ELLER

Mailing Address 3687 CONRAD AVE.

City State Zip Code
SAN DIEGO CA 92117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
610.00

Transaction ID : SA17A.121936

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)
PAUL ELLGEN

Mailing Address 2104 W 1ST ST

City State Zip Code
FORT MYERS FL 33901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121938

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
CURTIS ELLIOTT

Mailing Address 4401 BARCLAY DOWNS DRIVE SUITE 200

City State Zip Code
CHARLOTTE NC 28209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CULP ELLIOT & CARPENTER PLLC LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121940

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **1510.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID ELLIOTT

Mailing Address 6621 TALMADGE LN

City	State	Zip Code
DALLAS	TX	75230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121942

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

Amount of Each Receipt this Period

1	0	0	0	0	0	0	0	0	0

B. Full Name (Last, First, Middle Initial)
DAVID ELLIOTT

Mailing Address 6621 TALMADGE LN

City	State	Zip Code
DALLAS	TX	75230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.121943

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Amount of Each Receipt this Period

1	0	0	0	0	0	0	0	0	0

C. Full Name (Last, First, Middle Initial)
DAVID ELLIOTT

Mailing Address 6621 TALMADGE LN

City	State	Zip Code
DALLAS	TX	75230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4700.00

Transaction ID : SA17A.121944

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

2	7	0	0	0	0	0	0	0	0

Subtotal Of Receipts This Page (optional).....▶ 4700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
W. C ELLIOTT

Mailing Address 4401 BARCLAY DOWNS DRIV

City State Zip Code
CHARLOTTE NC 28209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121946

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROY ELLIS

Mailing Address 1102 BUFFALO RIDGE ROAD

City State Zip Code
CASTLE PINES CO 80108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ERNST & YOUNG ENERGY CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121948

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GEORGE ELLIS JR.

Mailing Address 1824 MILVALE RD

City State Zip Code
ANNAPOLIS MD 21409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121950

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID ELSON

Mailing Address **513 E PLUM CREEK ROAD**

City	State	Zip Code
SIOUX FALLS	SD	57105

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AVERA MCKENNAN HOSPITAL	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121957

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
700.00

B. Full Name (Last, First, Middle Initial)
LOIS H ELSON

Mailing Address **11819 SANDMAN ST**

City	State	Zip Code
SAN ANTONIO	TX	78216

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.121959

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
LOIS H ELSON

Mailing Address **11819 SANDMAN ST**

City	State	Zip Code
SAN ANTONIO	TX	78216

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.121960

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
600.00

Subtotal Of Receipts This Page (optional).....▶ 700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GAYLE ELTON

Mailing Address 980 SAN JOSE DR

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIKES ICE INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.121962

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
GARO J EMERZIAN

Mailing Address 801 KENTON RD

City State Zip Code
DEERFIELD IL 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMERZIAN GARO J DPM DOCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121964

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
EDWARD C EMMA

Mailing Address W1144 SIENA CIR

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JOCKEY INTERNATIONAL PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.121966

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ 3950.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEFFREY EMMI

Mailing Address 1601 MILLTOWN ROAD, SUITE 25

City: WILMINGTON State: DE Zip Code: 19808

FEC ID number of contributing federal political committee.

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121968

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
VICTORIA EMMONS

Mailing Address 9044 LONGVIEW DRIVE

City: PLEASANTON State: CA Zip Code: 94588-8201

FEC ID number of contributing federal political committee.

Name of Employer: INFORMATION REQUESTED Occupation: INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121970

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN ENDRIES

Mailing Address 2215 S KINNICKINNIC

City: MILWAUKEE State: WI Zip Code: 53207

FEC ID number of contributing federal political committee.

Name of Employer: HAIR EXPERIENCE LLC Occupation: OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121972

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DEBRA ENESTVEDT

Mailing Address 850 BLUEBILL BAY ROAD

City State Zip Code
BURNSVILLE MN 55306

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121974

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
KAREN R ENGELHARD

Mailing Address 4309 JANICK CIR N

City State Zip Code
STEVENS POINT WI 54481

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121976

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN L. ENGELS JR

Mailing Address POB 8132

City State Zip Code
ASPEN CO 81612

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121978

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DIANA ENGLE

Mailing Address 51707 COUNTY ROAD 33

City	State	Zip Code
BRISTOL	IN	46507

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BENNINGTON	V P ADMINISTRATION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121980

Date of Receipt
MM / DD / YYYY
07 / 22 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
WILLIAM J ENRIGHT

Mailing Address 3524 EURO LANE

City	State	Zip Code
DE PERE	WI	54115

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF EMPLOYED	ORTHOPEDIC SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121982

Date of Receipt
MM / DD / YYYY
09 / 15 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CHARLES ENTENMANN

Mailing Address PO BOX 612

City	State	Zip Code
BRIGHTWATERS	NY	11718

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.121984

Date of Receipt
MM / DD / YYYY
08 / 28 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DIANE EPSTEIN

Mailing Address 10501 WILLOWBROOKE DRIVE

City State Zip Code
POTOMAC MD 20854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121986

Date of Receipt

M M / D D / Y Y Y Y
08 / 30 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
MICHAEL EPSTEIN

Mailing Address 5410 EDSON LANE

City State Zip Code
ROCKVILLE MD 20852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WILLOW ASSET MANAGEMENT EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.121988

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
CHRIS ERICKSON

Mailing Address N5254 LAKESHORE DRIVE

City State Zip Code
KEWAUNEE WI 54216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CST LINES INC SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.121990

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FELIX ERLBUSCH

Mailing Address **5760 LAKE BRIAR DR**

City	State	Zip Code
MILLSTADT	IL	62260

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **225.00**

Transaction ID : **SA17A.121992**

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

_____ 225.00

B. Full Name (Last, First, Middle Initial)
HENRY J ERNEST

Mailing Address **8795 PIQUA LOCKINGTO**

City	State	Zip Code
PIQUA	OH	45356

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **500.00**

Transaction ID : **SA17A.121994**

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

_____ 500.00

C. Full Name (Last, First, Middle Initial)
JOHN S ERTHEIN

Mailing Address **PO BOX 3154**

City	State	Zip Code
RANCHO SANTA	CA	92067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **1000.00**

Transaction ID : **SA17A.121996**

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

_____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ **1725.00**

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN ERWIN

Mailing Address 201 FALCON LANE

City HillsBORO State TX Zip Code 76645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.121998

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
203.00

B. Full Name (Last, First, Middle Initial)
FREDRIC ESHELMAN

Mailing Address 319 N 3RD ST

City WILMINGTON State NC Zip Code 28401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ESHELMAN VENTURES LLC INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122000

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
ROBERT ESPERSEN

Mailing Address 3219 S. EDWARD DRIVE

City TEMPE State AZ Zip Code 85282

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122002

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3153.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM W ESPY

Mailing Address 3715 NORTHSIDE PKWY

City	State	Zip Code
ATLANTA	GA	30327

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
UNIVERSITY OF GEORGIA	BOARD OF TRUSTEES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.122004

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	1	5

Amount of Each Receipt this Period
 _____ 2700.00

B. Full Name (Last, First, Middle Initial)
JEFFREY ESSMANN

Mailing Address P.O. BOX 80945

City	State	Zip Code
BILLINGS	MT	59108

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ESS-TECH LLC	SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.122006

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	3	/	2	0	1	5

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY ESTES

Mailing Address 3123 PARTHENON AVENUE

City	State	Zip Code
NASHVILLE	TN	37203

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
DIGIAL PLEASURING	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.122008

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	1	5

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3450.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VERN EULERT

Mailing Address **7550 KETTLE VIEW DR**

City **WEST BEND** State **WI** Zip Code **53090**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ENROLLED AGENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122010

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ALAN EVANS

Mailing Address **216 KINGSTORD CROSSING**

City **ACWORTH** State **GA** Zip Code **30101**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MIMEDX** Occupation **VP, FINANCIAL PLANNING ANALYSIS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122012

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN EVANS

Mailing Address **P.O. BOX 458**

City **INDIANOLA** State **WA** Zip Code **98342**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CONNX SOLUTIONS** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122014

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL EVANS

Mailing Address **22 SMITHPORT ROAD**

City State Zip Code
UTICA NY 13501-5822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
M. GRIFFITH INVESTMENT SERVICES, INC. FINANCIAL PLANNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122016

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JEAN EVERSON

Mailing Address **N8670 DECORAH LN**

City State Zip Code
FOND DU LAC WI 54937

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122018

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KEITH EVERSON

Mailing Address **N1556 COUNTY ROAD O**

City State Zip Code
HARTFORD WI 53027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SUSSEX IM CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122020

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEITH EVERSON

Mailing Address **N1556 COUNTY ROAD O**

City **HARTFORD** State **WI** Zip Code **53027**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SUSSEX IM** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

Transaction ID : SA17A.122021

Date of Receipt

09 / 28 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
SCOTT EVERTZ

Mailing Address **2440 VIRGINIA AVE NW D1207**

City **WASHINGTON** State **DC** Zip Code **20037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EVERTZ GROUP LLC** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122023

Date of Receipt

07 / 09 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
TED EWING

Mailing Address **3630 S HAMPTON DR**

City **BETTENDORF** State **IA** Zip Code **52722**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17A.122024

Date of Receipt

07 / 25 / 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional)..... **3050.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) AUGIE K FABELA			Transaction ID : SA17A.122026		
Mailing Address 3320 GRAND CYPRESS DRIV			Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2015		
City NAPLES	State FL	Zip Code 34119	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee.		_____ C _____			
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED				
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ _____ 1000.00		

B. Full Name (Last, First, Middle Initial) JAMES FAGAN			Transaction ID : SA17A.122028		
Mailing Address 6 CALVIN ROAD			Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2015		
City WESTON	State CT	Zip Code 06883	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee.		_____ C _____			
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ _____ 1000.00		

C. Full Name (Last, First, Middle Initial) BILL FAIN			Transaction ID : SA17A.122029		
Mailing Address 3001 N MAIN ST			Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2015		
City PRESCOTT VALLEY	State AZ	Zip Code 86314	Amount of Each Receipt this Period _____ 150.00		
FEC ID number of contributing federal political committee.		_____ C _____			
Name of Employer FAIN SIGNATURE GROUP		Occupation FOUNDER/ CHAIRMAN			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ _____ 250.00		

Subtotal Of Receipts This Page (optional).....▶ _____ 2150.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BILL FAIN

Mailing Address 3001 N MAIN ST

City State Zip Code
PRESCOTT VALLEY AZ 86314

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FAIN SIGNATURE GROUP FOUNDER/ CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122030

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JAMES A FAIVRE

Mailing Address 7374 LEPAK LN

City State Zip Code
CUSTER WI 54423

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FAIVRE IMPLEMENT INC. FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122032

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES A FAIVRE

Mailing Address 7374 LEPAK LN

City State Zip Code
CUSTER WI 54423

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FAIVRE IMPLEMENT INC. FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122033

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL J FALBO

Mailing Address 7401 W MORNINGSIDE COUR

City State Zip Code
FRANKLIN WI 53132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.122035

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
RALPH D FALCONER

Mailing Address 3680 N 26TH W

City State Zip Code
IDAHO FALLS ID 83402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122037

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RAYMOND FALKNER

Mailing Address 7625 HILLSIDE DR

City State Zip Code
LA JOLLA CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122039

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 2000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CAROL S FALSTAD

Mailing Address 4600 DEER PARK RD

City State Zip Code
OCONOMOWOC WI 53066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REALTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122041

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TIMOTHY A FANNING

Mailing Address 3 GRANT SQ
P

City State Zip Code
HINSDALE IL 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FITZPATRICK FANNING CORPORAT REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122043

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BEN FARAH

Mailing Address 3702 S VIRGINIA ST STE

City State Zip Code
RENO NV 89502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122045

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LELIA FARR

Mailing Address 1 FAIR OAKS DRIVE

City State Zip Code
ST. LOUIS MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122047

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
LELIA FARR

Mailing Address 1 FAIR OAKS DRIVE

City State Zip Code
ST. LOUIS MO 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122048

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
PETER FARRELL

Mailing Address 7220 ROMERO DRIVE

City State Zip Code
LA JOLLA CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RES MED CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122050

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8100.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) RICHARD FARRELL		Transaction ID : SA17A.122052
Mailing Address 810 TYVOLA ROAD STE 132		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2015
City CHARLOTTE	State NC	Amount of Each Receipt this Period 500.00
Zip Code 28217		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) RICHARD FARRELL		Transaction ID : SA17A.122053
Mailing Address 810 TYVOLA ROAD STE 132		Date of Receipt M M / D D / Y Y Y Y 08 / 13 / 2015
City CHARLOTTE	State NC	Amount of Each Receipt this Period 200.00
Zip Code 28217		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

C. Full Name (Last, First, Middle Initial) AMY FARROW		Transaction ID : SA17A.122055
Mailing Address 245 HILLWOOD CT		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2015
City PEWAUKEE	State WI	SEE REATTRIBUTION
Zip Code 53072		
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer HORIZON SCHOOL	Occupation COUNSELOR	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Subtotal Of Receipts This Page (optional).....▶ **1700.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AMY FARROW

Mailing Address **245 HILLWOOD CT**

City State Zip Code
PEWAUKEE WI 53072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HORIZON SCHOOL COUNSELOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122056

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MARGARET FARROW

Mailing Address **W262N2402 DEER HAVEN**

City State Zip Code
PEWAUKEE WI 53072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UW SYSTEM MEMEBER OF THE UW SYSYTE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122058

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MICHELLE FARROW

Mailing Address **18731 64TH AVENUE**

City State Zip Code
CHIPPEWA FALLS WI 54729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122060

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL FARROW

Mailing Address **245 HILLWOOD CT**

City State Zip Code
PEWAUKEE WI 53072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOUSE TO HOME INSPECTIONS, INC. REALTOR -- RE02 - REAL ESTATE -

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122062

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

REATTRIBUTED

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROBERT FATES

Mailing Address **179 E LAKE SHORE DR**

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INVESTOR OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122064

Date of Receipt
M M / D D / Y Y Y Y
07 20 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SCOTT FAVRE

Mailing Address **7044 STENNIS AIRPORT ROAD**

City State Zip Code
KILN MS 39556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FAVRE PA, LLC PUBLIC INSURANCE ADJUSTER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122066

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KATHLEEN FAZIO

Mailing Address **9 CHAPEL HILL ROAD**

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122068

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PATRICIA FEAST

Mailing Address **2762 CREST AVENUE SOUTH**

City State Zip Code
ALLENTOWN PA 18104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122070

Date of Receipt
M M / D D / Y Y Y Y
07 24 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
THOMAS FEE

Mailing Address **1221 NE 95TH AVE**

City State Zip Code
VANCOUVER WA 98664

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TRIAD MACHINERY SALESMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122071

Date of Receipt
M M / D D / Y Y Y Y
08 17 2015

Amount of Each Receipt this Period
150.00

Subtotal Of Receipts This Page (optional)..... **1650.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BETHANY FEELEY

Mailing Address 610 LAUREL

City State Zip Code
WILMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122073

Date of Receipt

M M / D D / Y Y Y Y
07 / 11 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
KEVIN FEELEY

Mailing Address 610 LAUREL AVENUE

City State Zip Code
WILMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122075

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
SCOTT FEENEY

Mailing Address 1418 N RHODES ST., APT 130

City State Zip Code
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROCKWELL COLLINS DIR., INT'L RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.122077

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2015

Amount of Each Receipt this Period

750.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) KEN FEES		Transaction ID : SA17A.122078																					
Mailing Address 5716 COUNTY ROAD R		Date of Receipt																					
City MANITOWOC State WI Zip Code 54220		<table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td>09</td><td></td><td></td><td>04</td><td></td><td></td><td></td><td></td><td>2015</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y		09			04					2015
M	M	/	D	D	/	Y	Y	Y	Y														
	09			04					2015														
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer SELF-EMPLOYED	Occupation BAR OWNER	242.00																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	352.00																					

B. Full Name (Last, First, Middle Initial) JOSEPH FELDMAN		Transaction ID : SA17A.122080																					
Mailing Address 225 MILLBURN AVE		Date of Receipt																					
City MILLBURN State NJ Zip Code 07041		<table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td>07</td><td></td><td></td><td>13</td><td></td><td></td><td></td><td></td><td>2015</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y		07			13					2015
M	M	/	D	D	/	Y	Y	Y	Y														
	07			13					2015														
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY AT LAW	500.00																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	500.00																					

C. Full Name (Last, First, Middle Initial) PHILLIP FELICIANO		Transaction ID : SA17A.122082																					
Mailing Address 13701TURNMORE ROAD		Date of Receipt																					
City SILVER SPRING State MD Zip Code 20906		<table border="1"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td>07</td><td></td><td></td><td>01</td><td></td><td></td><td></td><td></td><td>2015</td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y		07			01					2015
M	M	/	D	D	/	Y	Y	Y	Y														
	07			01					2015														
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer SELF-EMPLOYED	Occupation ATTORNEY	1000.00																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	1000.00																					

Subtotal Of Receipts This Page (optional).....▶ **1742.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES FELTES

Mailing Address **PO BOX 54**

City **OSSEO** State **WI** Zip Code **54758**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHARLES V FELTES, SC** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122083

Date of Receipt

09 / 03 / 2015

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)
CHARLES FELTES

Mailing Address **PO BOX 54**

City **OSSEO** State **WI** Zip Code **54758**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CHARLES V FELTES, SC** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.122084

Date of Receipt

09 / 28 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
JACQUELI A FELTZ

Mailing Address **6290 5TH STREET**

City **STEVENS POINT** State **WI** Zip Code **54482**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122086

Date of Receipt

08 / 17 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **1250.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROY FENN

Mailing Address **1188 NE 27TH ST
UNIT 113**

City **BEND** State **OR** Zip Code **97701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT** Occupation **FEDERAL GOVERNMENT EMPLOYEE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122088

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN FENNEBRESQUE

Mailing Address **201 N TRYON STREE, SUITE 300**

City **CHARLOTTE** State **NC** Zip Code **28202**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MCGUIRE WOODS LLP** Occupation **LAWYER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122090

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
JOHN FENNEBRESQUE

Mailing Address **201 N TRYON STREE, SUITE 300**

City **CHARLOTTE** State **NC** Zip Code **28202**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MCGUIRE WOODS LLP** Occupation **LAWYER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122091

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **5900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BOB FERGUSON

Mailing Address 30448 RANCHO VIEJO R

City State Zip Code
SAN JUAN CAPI CA 92675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FERGUSON BOB GEOLOGICAL CONS FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122093

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DIANE M FERGUSON

Mailing Address 35225 BEACH RD

City State Zip Code
CAPISTRANO BE CA 92624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.122095

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
ROBERT FERGUSON

Mailing Address 307 AMBLEWOOD CIRCLE

City State Zip Code
GREENSBURG PA 15601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RENAL & ELECTROLYTE ASSOCIATES PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122097

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional).....▶ 5500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WALTER K FERGUSON

Mailing Address 2102 MEADOWBROK DRIVE

City	State	Zip Code
AUSTIN	TX	78703

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122099

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

B. Full Name (Last, First, Middle Initial)
LAZARO FERNANDEZ

Mailing Address 5424 N CYNTHIA ST

City	State	Zip Code
MCALLEN	TX	78504

FEC ID number of contributing federal political committee.

Name of Employer NOVEL DESIGN CENTRE	Occupation OWNER
---	---------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122101

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
JOHN M FEROLITO

Mailing Address 1135 HILLSBORO MILE

City	State	Zip Code
HILLSBORO BEA	FL	33062

FEC ID number of contributing federal political committee.

Name of Employer FEROLITO, VULTAGGIO, & SONS	Occupation PRESIDENT/CO-OWNER
---	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122103

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

REDESIGNATION/REATTRIBUTION REQUESTED

Amount of Each Receipt this Period

<input type="text" value="10800.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RENEE FERRARA

Mailing Address **4231 N OLSEN AVENUE**

City **SHOREWOOD** State **WI** Zip Code **53211**

FEC ID number of contributing federal political committee. **C**

Name of Employer **J HILBURN** Occupation **MANAGING PARTNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122105

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT FERREE

Mailing Address **PT 442 3250 CHANATE RD.**

City **SANTA AROSA** State **CA** Zip Code **95404**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122107

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN FERY

Mailing Address **P.O. BOX 15407**

City **BOISE** State **ID** Zip Code **83715**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122109

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEFFREY FETTERS

Mailing Address 5100 MEADVILLE STREET

City	State	Zip Code
EXCELSIOR	MN	55331

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122111

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MARIA FEWER

Mailing Address 370 S WASHINGTON STREET

City	State	Zip Code
ELMHURST	IL	60126

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122113

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JEAN E FICHT

Mailing Address 10238 BIG CANOE

City	State	Zip Code
BIG CANOE	GA	30143

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122114

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA FICKESS

Mailing Address 1651 ROUTE 68

City State Zip Code
NEW BRIGHTON PA 15066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FICKESS PUMPS INC. SALES ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122116

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
PATRICIA FICKESS

Mailing Address 1651 ROUTE 68

City State Zip Code
NEW BRIGHTON PA 15066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FICKESS PUMPS INC. SALES ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Transaction ID : SA17A.122117

Date of Receipt

/ /

Amount of Each Receipt this Period

10.00

C. Full Name (Last, First, Middle Initial)
PATRICIA FICKESS

Mailing Address 1651 ROUTE 68

City State Zip Code
NEW BRIGHTON PA 15066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FICKESS PUMPS INC. SALES ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
335.00

Transaction ID : SA17A.122118

Date of Receipt

/ /

Amount of Each Receipt this Period

75.00

Subtotal Of Receipts This Page (optional)..... **335.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA FICKESS

Mailing Address 1651 ROUTE 68

City	State	Zip Code
NEW BRIGHTON	PA	15066

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
FICKESS PUMPS INC.	SALES ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122119

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
REBECA FIDELER

Mailing Address 946 S LAKESHORE DRIVE

City	State	Zip Code
FONTANTA	WI	53125

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122121

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DONALD FIEDLER

Mailing Address 1896 397 AVE NE

City	State	Zip Code
STANCHFIELD	MN	55080

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122123

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRISTINE FIELD

Mailing Address **PO BOX 6127**

City **KETCHUM** State **ID** Zip Code **83340**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122125

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT C FIELD

Mailing Address **3742 E FAIRWAY DRIVE**

City **BIRMINGHAM** State **AL** Zip Code **35213**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122127

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SUZANNE FIELD

Mailing Address **1550 WISCONSIN DELLS**

City **WISCONSIN DEL** State **WI** Zip Code **53965**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DELLS DUCK TOURS** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.122129

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
1500.00

Subtotal Of Receipts This Page (optional)..... **2750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM FIELDS

Mailing Address **PO BOX 87**

City State Zip Code
WARM SPRINGS VA 24484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122131

Date of Receipt

08 / 07 / 2015

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
STEVEN FIFIELD

Mailing Address **222 S RIVERSIDE PLAZA
SUITE 600**

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FRC REALTY, INC. REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122133

Date of Receipt

06 / 18 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
H. DUSTIN FILLMORE

Mailing Address **2712 MANORWOOD TRAIL**

City State Zip Code
FORT WORTH TX 76109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122135

Date of Receipt

07 / 13 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **3250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUZANNE E FILUT

Mailing Address **W5202 LARSON RD**

City State Zip Code
RIO WI 53960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ROLFER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122137

Date of Receipt
M M / D D / Y Y Y Y
08 20 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
BETTE FINGER

Mailing Address **1551 N DIANE ST**

City State Zip Code
MESA AZ 85203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HYLAND BAY HOME BUILDING SERVICE PROVIDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122139

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DAVID A FINK

Mailing Address **61 CHRISTIAN HILL RD**

City State Zip Code
AMHERST NH 03031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PAN-AMERICAN AIRLINES INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122141

Date of Receipt
M M / D D / Y Y Y Y
08 04 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **5900.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RAYMOND FINK

Mailing Address 1530 NOBLE ROAD

City WILLIAMSTON	State MI	Zip Code 48895
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122142

Date of Receipt

M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RAYMOND FINK

Mailing Address 1530 NOBLE ROAD

City WILLIAMSTON	State MI	Zip Code 48895
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122143

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
BERTRAM FINN

Mailing Address 61 KINGS CT

City SAN JUAN	State PR	Zip Code 00926
------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122144

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN FINN

Mailing Address 1113 LEAFTREE CT

City State Zip Code
CINCINNATI OH 45208

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122146

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
FRED FISCHER

Mailing Address N21W24260 CUMBERLAND DR

City State Zip Code
PEWAUKEE WI 53072

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122147

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

Amount of Each Receipt this Period

<input type="text" value="150.00"/>

C. Full Name (Last, First, Middle Initial)
JOAN C FISCHER

Mailing Address 21 COUSTEAU LN

City State Zip Code
AUSTIN TX 78746

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122149

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL FISHBEIN

Mailing Address **4809 PRESERVE PARKWAY**

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BECSPACK INC SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.122151

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
KENNETH FISHBEIN

Mailing Address **2584 CHEDWORTH CT**

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Transaction ID : SA17A.122153

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
KENNETH FISHBEIN

Mailing Address **2584 CHEDWORTH CT**

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122154

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-300.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **4500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KENNETH FISHBEIN

Mailing Address **2584 CHEDWORTH CT**

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
3000.00

Transaction ID : SA17A.122155

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

REDESIGNATED

Amount of Each Receipt this Period
300.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MARK I FISHBEIN

Mailing Address **2700 SUMMIT DR**

City State Zip Code
GLENVIEW IL 60025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHILDRENS MEMORIAL HOSPITAL DOCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122157

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BLAKE FISHER

Mailing Address **12 CASTLE PINES DR N**

City State Zip Code
CASTLE ROCK CO 80108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122159

Date of Receipt
M M / D D / Y Y Y Y
07 23 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
J. M FISHER

Mailing Address **15 BAYSIDE DRIVE**

City State Zip Code
MADISON WI 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122161

Date of Receipt
M M / D D / Y Y Y Y
09 10 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JILL FITZGERALD

Mailing Address **486 MUREX DR**

City State Zip Code
NAPLES FL 34102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.122162

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOSEPH FITZGERALD

Mailing Address **9514 HAMMONTREE DRIVE**

City State Zip Code
URBANDALE IA 50322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.122164

Date of Receipt
M M / D D / Y Y Y Y
07 27 2015

Amount of Each Receipt this Period
225.00

Subtotal Of Receipts This Page (optional).....▶ **1475.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GRAYSON FITZHUGH

Mailing Address 6921 GLEN ELLYN DR

City State Zip Code
LOVELAND OH 45140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122166

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DYANA FLANIGAN

Mailing Address 533 W MELROSE

City State Zip Code
CHICAGO IL 60057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122168

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOHN FLATLEY

Mailing Address 7 ARROWHEAD LANE

City State Zip Code
MILTON MA 02186

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122170

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 6150.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONALD G FLECK

Mailing Address 13910 STIMMEL ST NE

City State Zip Code
PARIS OH 44669

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122171

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)
DONALD G FLECK

Mailing Address 13910 STIMMEL ST NE

City State Zip Code
PARIS OH 44669

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.122172

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
JEFFREY FLEETHAM

Mailing Address 4308 E PINCHOT AVE

City State Zip Code
PHOENIX AZ 85018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ARIZONA REGISTRAR OF CONTRACTORS DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122174

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 550.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEFFREY FLEETHAM

Mailing Address 4308 E PINCHOT AVE

City State Zip Code
PHOENIX AZ 85018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ARIZONA REGISTRAR OF CONTRACTORS DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122175

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MARK FLEISCHHACKER

Mailing Address 3530 STEELE ST

City State Zip Code
MINNETONKA MN 55345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAKE REGION MEDICAL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122177

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ANN FLENTJE

Mailing Address 47 MYSTIC STREET, 7A

City State Zip Code
ARLINGTON MA 02474

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122179

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD H FLORANCE

Mailing Address **3414 W WALLCRAFT AVE**

City	State	Zip Code
TAMPA	FL	33611

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122199

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			15			2015			

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
ROBERT FLORINE

Mailing Address **1863 EASTMAN AVENUE**

City	State	Zip Code
VENTURA	CA	93003

FEC ID number of contributing federal political committee. **C**

Name of Employer ARP INC.	Occupation MANUFACTURER
------------------------------	----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.122200

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
DAVID FLORY

Mailing Address **50 S.
2**

City	State	Zip Code
MIAMI BEACH	FL	33139

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation INVESTOR
-----------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122202

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **3050.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL FOLEY

Mailing Address **608 CLINTON PLACE**

City State Zip Code
RIVER FOREST IL 60305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122214

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
HOWARD FOLEY

Mailing Address **2536 NW SEAGRASS DR**

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122216

Date of Receipt
M M / D D / Y Y Y Y
08 04 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THOMAS FOLK

Mailing Address **2202 LILY DR**

City State Zip Code
RUSTON LA 71270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.122218

Date of Receipt
M M / D D / Y Y Y Y
08 11 2015

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ **2500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BERNICE FOLLETT

Mailing Address 5600 CRAGGY POINT

City State Zip Code
AUSTIN TX 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128742

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
BRIAN FOLLETT

Mailing Address 5600 CRAGGY POINT

City State Zip Code
AUSTIN TX 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122220

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
BRIAN FOLLETT

Mailing Address 5600 CRAGGY POINT

City State Zip Code
AUSTIN TX 78731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128740

Date of Receipt
MM / DD / YYYY
06 / 30 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GLORIA K FOLSOM

Mailing Address 1329 CURT GOWDY DR

City CHEYENNE State WY Zip Code 82009

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.122222

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

Amount of Each Receipt this Period

<input type="text" value=""/> 2700.00

B. Full Name (Last, First, Middle Initial)
JOHN FOLWELL

Mailing Address 1802 THILENIUS ST

City CAPE GIRARDEA State MO Zip Code 63701

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Transaction ID : SA17A.122223

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

Amount of Each Receipt this Period

<input type="text" value=""/> 100.00

C. Full Name (Last, First, Middle Initial)
VINCENT W FONTI

Mailing Address 1816 BUCKHORN RD

City ARBOR VITAE State WI Zip Code 54568

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.122225

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			11			2015			

Amount of Each Receipt this Period

<input type="text" value=""/> 1000.00

Subtotal Of Receipts This Page (optional).....

<input type="text" value=""/> 3800.00

Total This Period (last page this line number only).....

<input type="text" value=""/>

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BOB FOOTE

Mailing Address **S45W27721 ELK VALLEY RO**

City **WAUKESHA** State **WI** Zip Code **53189**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122227

Date of Receipt

08 / 19 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JAMES E FORD

Mailing Address **426 S. 1000 E. #800**

City **SALT LAKE CITY** State **UT** Zip Code **84102**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122229

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
KEVIN C FORD

Mailing Address **PO BOX 550229**

City **ATLANTA** State **GA** Zip Code **30355**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ATTORNEY** Occupation **LAW OFFICE OF KEVIN FORD**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122231

Date of Receipt

06 / 30 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEVIN C FORD

Mailing Address **PO BOX 550229**

City State Zip Code
ATLANTA GA 30355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ATTORNEY LAW OFFICE OF KEVIN FORD

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122232

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
KEVIN C FORD

Mailing Address **PO BOX 550229**

City State Zip Code
ATLANTA GA 30355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ATTORNEY LAW OFFICE OF KEVIN FORD

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.122233

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LINDSEY FORD

Mailing Address **4610 WINDSOR GATE CT**

City State Zip Code
ATLANTA GA 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RHEEM PUBLIC RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122235

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **1000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PHILIP D FORD

Mailing Address **8206 SILK TREE WAY**

City State Zip Code
ANTELOPE CA 95843

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
288.00

Transaction ID : SA17A.122236

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
175.00

B. Full Name (Last, First, Middle Initial)
STUART FORD

Mailing Address **10521 W 600 S**

City State Zip Code
REDKEY IN 47373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122238

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DARREL FORSLUND

Mailing Address **1915 W 4TH STREET**

City State Zip Code
SPENCER IA 51301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.122239

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period
110.00

Subtotal Of Receipts This Page (optional)..... **535.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JUAN FORSTER

Mailing Address 12245 CIRCULA PANORA

City	State	Zip Code
SANTA ANA	CA	92705

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.122241

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

Amount of Each Receipt this Period
 _____ 500.00

B. Full Name (Last, First, Middle Initial)
RAYMOND FORTUNA

Mailing Address 6934 DEER RUN DR

City	State	Zip Code
ALEXANDRIA	VA	22306

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.122243

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			24			2015			

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
THEODORE FOSDICK

Mailing Address 5741 JACKSON RD

City	State	Zip Code
ANN ARBOR	MI	48103

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PITTSFIELD PRODUCTS INC.	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.122245

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1250.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS A FOSS

Mailing Address **8751 PARKWAY DRIVE**

City State Zip Code
HIGHLAND IN 46322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1700.00

Transaction ID : SA17A.122247

Date of Receipt

07 / 28 / 2015

Amount of Each Receipt this Period

1700.00

B. Full Name (Last, First, Middle Initial)
THOMAS A FOSS

Mailing Address **8751 PARKWAY DRIVE**

City State Zip Code
HIGHLAND IN 46322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

Transaction ID : SA17A.122248

Date of Receipt

08 / 31 / 2015

Amount of Each Receipt this Period

1500.00

C. Full Name (Last, First, Middle Initial)
EDSON FOSTER

Mailing Address **130 S. WATER ST., UNIT 403**

City State Zip Code
MILWAUKEE WI 53204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122250

Date of Receipt

07 / 09 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **3450.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDSON FOSTER

Mailing Address 130 S. WATER ST., UNIT 403

City State Zip Code
MILWAUKEE WI 53204

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122251

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JANE A FOSTER

Mailing Address 421 SQUAM LAKE ROAD

City State Zip Code
CENTER SANDWI NH 03227

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122252

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JANE A FOSTER

Mailing Address 421 SQUAM LAKE ROAD

City State Zip Code
CENTER SANDWI NH 03227

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122253

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LARRY FOSTER

Mailing Address 16733 VILLAGE LN

City State Zip Code
DALLAS TX 75248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122260

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
LEONARD FOSTER

Mailing Address 1316 GRINNELL DR

City State Zip Code
RICHARDSON TX 75081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
370.00

Transaction ID : SA17A.122261

Date of Receipt

M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period

180.00

C. Full Name (Last, First, Middle Initial)
LEONARD FOSTER

Mailing Address 1316 GRINNELL DR

City State Zip Code
RICHARDSON TX 75081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
410.00

Transaction ID : SA17A.122262

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

40.00

Subtotal Of Receipts This Page (optional).....▶ 720.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LEONARD FOSTER

Mailing Address 1316 GRINNELL DR

City State Zip Code
RICHARDSON TX 75081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
460.00

Transaction ID : SA17A.122263

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2015

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
RICHARD FOSTER

Mailing Address 3719 N BURTON LANE

City State Zip Code
HUDSON OH 44236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122265

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
ROBERT R FOSTER

Mailing Address 917 N WEMAR WAY

City State Zip Code
MONTEBELLO CA 90640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122267

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 600.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES FOX

Mailing Address **5615 NEBRASKA AVENUE NW**

City **WASHINGTON** State **DC** Zip Code **20015**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FOX & ASSOCIATES** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122275

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MARY ANN FOXLEY

Mailing Address **5923 BENDER COURT
B**

City **BURLINGTON** State **WI** Zip Code **00000**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122277

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DONALD FRAHM

Mailing Address **7 AVENUE DE LA MER APT.**

City **PALM COAST** State **FL** Zip Code **32137**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122279

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WAYNE FRANCIS RASMUSSEN

Mailing Address 1004 CARLSBAD DRIVE

City State Zip Code
ALLEN TX 75002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122281

Date of Receipt

M M / D D / Y Y Y Y
08 25 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ALAN FRANCO

Mailing Address 524 METAIRIE ROAD

City State Zip Code
METAIRIE LA 70005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122283

Date of Receipt

M M / D D / Y Y Y Y
08 18 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
DIANE FRANCO

Mailing Address 524 METAIRIE ROAD

City State Zip Code
METAIRIE LA 70005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122285

Date of Receipt

M M / D D / Y Y Y Y
08 18 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **5650.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LLOYD FRANK

Mailing Address **7505 EAST ROCKTON ROAD**

City	State	Zip Code
ROSCOE	IL	61073

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.122287

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

Amount of Each Receipt this Period
 _____ 500.00

B. Full Name (Last, First, Middle Initial)
MARGIE FRANK

Mailing Address **6429
PEMBERTON**

City	State	Zip Code
DALLAS	TX	75230

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
--------------------------------------	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.122289

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period
 _____ 1000.00

C. Full Name (Last, First, Middle Initial)
RON FRANK

Mailing Address **13134 CARTER RD.**

City	State	Zip Code
PAINESVILLE	OH	44077

FEC ID number of contributing federal political committee. **C**

Name of Employer MARANATHA SOFTWARE, INC.	Occupation SOFTWARE DEVELOPER
---	---

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.122291

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1750.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EMMA FRANKLIN

Mailing Address **27 N HILLSIDE AVENUE**

City State Zip Code
CHATHAM NJ 07928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122293

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT D FRANKS JR.

Mailing Address **504 SOUTHFIELD ROAD**

City State Zip Code
SHREVEPORT LA 71106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122295

Date of Receipt
M M / D D / Y Y Y Y
08 24 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MARTHA FRANSSON

Mailing Address **11 DODGE DRIVE**

City State Zip Code
WEST HARTFORD CT 06107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122297

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARTHA FRANSSON

Mailing Address 11 DODGE DRIVE

City WEST HARTFORD State CT Zip Code 06107

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122298

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RAY A FRANZ

Mailing Address PO BOX 42

City ONEKAMA State MI Zip Code 49675

FEC ID number of contributing federal political committee. **C**

Name of Employer MICHIGAN HOUSE OF REPRESENTA Occupation STATE REPRESENTATIVE DIS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122300

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
FRED T FRANZIA

Mailing Address PO BOX 789

City CERES State CA Zip Code 95307

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122302

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 550 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) ELLEN L FRAZER		Transaction ID : SA17A.122304																					
Mailing Address 2081 S TRIANGLE X LN		Date of Receipt																					
City TUCSON State AZ Zip Code 85713		<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>07</td><td></td><td></td><td>22</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			22			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			22			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	500.00																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	500.00																					

B. Full Name (Last, First, Middle Initial) NATALIE FREDRICKSO		Transaction ID : SA17A.122305																					
Mailing Address 2557 LANCER PL		Date of Receipt																					
City WALLA WALLA State WA Zip Code 99362		<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>08</td><td></td><td></td><td>20</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	08			20			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
08			20			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer RETIRED	Occupation RETIRED	100.00																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	300.00																					

C. Full Name (Last, First, Middle Initial) JOSEPHIN FREEDE		Transaction ID : SA17A.122307																					
Mailing Address 316 NW 39TH ST		Date of Receipt																					
City OKLAHOMA CITY State OK Zip Code 73118		<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>07</td><td></td><td></td><td>23</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			23			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			23			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer RETIRED	Occupation RETIRED	2500.00																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	2500.00																					

Subtotal Of Receipts This Page (optional)..... **3100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GINA FREELS

Mailing Address 2025 CIRCLE DRIVE

City State Zip Code
KRONENWETTER WI 54455

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122309

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
CONRAD J FREEMAN

Mailing Address 5405 E KNOLL PLACE

City State Zip Code
HIGHLANDS RANCH CO 80130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.122311

Date of Receipt

/ /

Amount of Each Receipt this Period

220.00

C. Full Name (Last, First, Middle Initial)
LISA FREER

Mailing Address 2024 ASHBOURNE DRIVE

City State Zip Code
SOUTH PASADENA CA 91030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122313

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **720.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) NORMAN FREIDKIN		Transaction ID : SA17A.122315																					
Mailing Address 11819 PINEY GLEN LN		Date of Receipt																					
City POTOMAC State MD Zip Code 20854		<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>07</td><td></td><td></td><td>31</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			31			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			31			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	2700.00																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	2700.00																					

B. Full Name (Last, First, Middle Initial) DAVID FRENCH		Transaction ID : SA17A.122316																					
Mailing Address 144 EXETER RD		Date of Receipt																					
City HAMPTON FALLS State NH Zip Code 03844		<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>08</td><td></td><td></td><td>14</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	08			14			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
08			14			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer RETIRED	Occupation RETIRED	100.00																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	300.00																					

C. Full Name (Last, First, Middle Initial) DAVID FRENCH		Transaction ID : SA17A.122317																					
Mailing Address 144 EXETER RD		Date of Receipt																					
City HAMPTON FALLS State NH Zip Code 03844		<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>09</td><td></td><td></td><td>04</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	09			04			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
09			04			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer RETIRED	Occupation RETIRED	100.00																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	400.00																					

Subtotal Of Receipts This Page (optional).....▶ **2900.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARCIA FRENCH

Mailing Address **27 VALLEY RIDGE RD**

City State Zip Code
FORT WORTH TX 76107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122319

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
ARDYTH FRESHMAN

Mailing Address **6151 WEST CENTURY BOULE**

City State Zip Code
LOS ANGELES CA 90045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122321

Date of Receipt
M M / D D / Y Y Y Y
08 25 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SAMUEL K FRESHMAN

Mailing Address **6151 W CENTURY BOULEVAR**

City State Zip Code
LOS ANGELES CA 90045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STANDARD MANAGEMENT COMPANY CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122323

Date of Receipt
M M / D D / Y Y Y Y
08 25 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SAMUEL K FRESHMAN

Mailing Address **6151 W CENTURY BOULEVAR**

City	State	Zip Code
LOS ANGELES	CA	90045

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
STANDARD MANAGEMENT COMPANY	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.122324

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
 -2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STEVEN FREY

Mailing Address **1801 ROCKDALE INDUST**

City	State	Zip Code
CONYERS	GA	30012

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FREY-MOSS STRUCTURES	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.122326

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
DON FREYMILLER

Mailing Address **8125 SW 15TH ST**

City	State	Zip Code
OKLAHOMA CITY	OK	73128

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.122328

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
 2700.00

Subtotal Of Receipts This Page (optional).....▶ **3700.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN FREZZA

Mailing Address **212 W KEY PALM RD**

City	State	Zip Code
BOCA RATON	FL	33432

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122330

Date of Receipt

M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JUSTO FRIAS

Mailing Address **49 CONTRADA FIORE DR**

City	State	Zip Code
HENDERSON	NV	89011

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NEXOS CAPITAL	PRIVATE EQUITY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122332

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
BRAD FRICKS

Mailing Address **602 BENDWOOD**

City	State	Zip Code
HOUSTON	TX	77024

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
STREAM REALTY	REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122334

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶

3200.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LOUIS FRIEDRICH

Mailing Address **188 E 78TH ST
P**

City **NEW YORK** State **NY** Zip Code **10075**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122336

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
FRAN C FRIGO

Mailing Address **1245 OUTWARD AVE**

City **DE PERE** State **WI** Zip Code **54115**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122338

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JUDITH FROHBOESE

Mailing Address **6719 LOCKSLEY LN**

City **CEDARBURG** State **WI** Zip Code **53012**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122342

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN FRONING

Mailing Address 4044 LONE WOLF CIR

City State Zip Code
CROSSVILLE TN 38572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.122343

Date of Receipt

07 / 20 / 2015

Amount of Each Receipt this Period

75.00

B. Full Name (Last, First, Middle Initial)
JOHN FRONING

Mailing Address 4044 LONE WOLF CIR

City State Zip Code
CROSSVILLE TN 38572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.122344

Date of Receipt

08 / 14 / 2015

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
JOHN FRONING

Mailing Address 4044 LONE WOLF CIR

City State Zip Code
CROSSVILLE TN 38572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Transaction ID : SA17A.122345

Date of Receipt

08 / 29 / 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ 225.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN FRONING

Mailing Address **4044 LONE WOLF CIR**

City **CROSSVILLE** State **TN** Zip Code **38572**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
485.00

Transaction ID : SA17A.122346

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

Amount of Each Receipt this Period
110.00

B. Full Name (Last, First, Middle Initial)
ALBERT FROWISS

Mailing Address **PO BOX 909**

City **RANCHO SANTA FE** State **CA** Zip Code **92067**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.122348

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
GERALD FRYE

Mailing Address **940 MADERA CIR**

City **ELM GROVE** State **WI** Zip Code **53122**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BENEFIT SERVICES GROUP, INC.** Occupation **EMPLOYEE BENEFIT CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122350

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ **1610.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NATALIE FRYE

Mailing Address 940 MADERA CIR

City	State	Zip Code
ELM GROVE	WI	53122

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122352

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
NATALIE FRYE

Mailing Address 940 MADERA CIR

City	State	Zip Code
ELM GROVE	WI	53122

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122353

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
STEVEN FUGELSANG

Mailing Address 20 LONG BOW

City	State	Zip Code
WADING RIVER	NY	11792

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
DEPARTMENT OF DEFENSE	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122355

Date of Receipt
MM / DD / YYYY
07 / 01 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRANK FUHRER

Mailing Address 3100 E CARSON STREET

City State Zip Code
PITTSBURGH PA 15203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FRANK FUHRER HOLDINGS CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122357

Date of Receipt
MM / DD / YYYY
07 / 27 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
FRANK FUHRER

Mailing Address 3100 E CARSON STREET

City State Zip Code
PITTSBURGH PA 15203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FRANK FUHRER HOLDINGS CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128910

Date of Receipt
MM / DD / YYYY
07 / 27 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HEIDI FUHRER

Mailing Address 3100 E CARSON STREET

City State Zip Code
PITTSBURGH PA 15203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128912

Date of Receipt
MM / DD / YYYY
07 / 27 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CLAYTON S FULLER

Mailing Address 860 CREST RD

City State Zip Code
DEL MAR CA 92014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHULA VISTA ORTHODONTICS ORTHODIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.122359

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period

700.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN FULLER

Mailing Address 6137 FOREST LN

City State Zip Code
SYKESVILLE MD 21784

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122361

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
AMY J FULLERTON

Mailing Address 307 GRANDEUR OAKS COURT

City State Zip Code
DE PERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122363

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 1450.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES FULLMER

Mailing Address 2552 WALNUT AVENUE, SUITE 230

City State Zip Code
TUSTIN CA 92780

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Fuller Construction General Contractor

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122365

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
STANLEY E FULTON

Mailing Address 5738 HEDGEHAVEN CT

City State Zip Code
LAS VEGAS NV 89120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-2700.00

Transaction ID : SA17A.128812

Date of Receipt
M M / D D / Y Y Y Y
07 / 07 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
STANLEY E FULTON

Mailing Address 5738 HEDGEHAVEN CT

City State Zip Code
LAS VEGAS NV 89120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122367

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN FURBUSH

Mailing Address 45 ORRILLS HILL RD

City	State	Zip Code
LEBANON	ME	04027

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
TCS	PROJECT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122369

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
GEORGE FUREY

Mailing Address 4775 IMPERIAL DR.

City	State	Zip Code
BROOKFIELD	WI	53045

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122371

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KATHLEEN FUTRELL

Mailing Address 1723 COUNTRY WAY

City	State	Zip Code
GAINESVILLE	GA	30501

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WILLIS INVESTMENT COUNSEL	FIRM ADMINISTRATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122372

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL GABLER

Mailing Address **N7949 STATE PARK RD**

City **MENASHA** State **WI** Zip Code **54952**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MJ GABLER, DDS** Occupation **DENTIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122374

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
MAGGIE GAGE

Mailing Address **PO BOX 220**

City **WILLIAMS BAY** State **WI** Zip Code **53191**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122376

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2015			

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
SANDRA E GALE

Mailing Address **945 GREEN STREET #9**

City **SAN FRANCISCO** State **CA** Zip Code **94133**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122380

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			25			2015			

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **3950.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAIGE AND TOM GALFANO

Mailing Address 17870 CAPTAINS CT

City	State	Zip Code
BROOKFIELD	WI	53045

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MEDICAL AESTHETICS MARKETING	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122382

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ROBERT GALKIN

Mailing Address 110 ELSIE ST

City	State	Zip Code
CRANSTON	RI	02910

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122383

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN GALLAGHER

Mailing Address 4056 PONCEDELEON

City	State	Zip Code
ONEIDA	WI	54155

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122385

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN GALLAGHER

Mailing Address **804 MOORE DRIVE**

City	State	Zip Code
BELLEVUE	NE	68005

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CREIGHTON UNIVERSITY	TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122387

Date of Receipt
MM / DD / YYYY
07 / 25 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RICHARD GALLO

Mailing Address **98 SUTTON CIR APT 904**

City	State	Zip Code
RAINBOW CITY	AL	35906

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ANESTHESIA ASSOCIATES OF NE ALABAMA	ANESTHESIOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122391

Date of Receipt
MM / DD / YYYY
08 / 23 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MARTIN GALLUN

Mailing Address **31010 CHEQUAMEGON DR.**

City	State	Zip Code
HARTLAND	WI	53029

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
METALCRAFT OF MAYVILLE	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122393

Date of Receipt
MM / DD / YYYY
07 / 14 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KENNETH GAMBLE

Mailing Address **175 HUGUENOT ST
PH501**

City **NEW ROCHELLE** State **NY** Zip Code **10801**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INSURANCE BROKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122395

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
IVAN GAMBOA

Mailing Address **5680 GARLAND LANE**

City **GREENDALE** State **WI** Zip Code **53129**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Tri City National Bank** Occupation **Senior VP**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122397

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2015			

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
GUILLERM GARCIA

Mailing Address **9401 SW 103RD ST**

City **MIAMI** State **FL** Zip Code **33176**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122398

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			26			2015			

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional)..... **850.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GUILLERM GARCIA

Mailing Address 9401 SW 103RD ST

City	State	Zip Code
MIAMI	FL	33176

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 400.00

Transaction ID : SA17A.122399

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

400.00

B. Full Name (Last, First, Middle Initial)
GUILLERM GARCIA

Mailing Address 9401 SW 103RD ST

City	State	Zip Code
MIAMI	FL	33176

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Transaction ID : SA17A.122400

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	5

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
THERESA GARCIA

Mailing Address 653 D ROAD

City	State	Zip Code
COLUMBIA	IL	62236

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	HOST CHRISTIAN TV SHOW

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.122402

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶

450.00

Total This Period (last page this line number only).....▶

450.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT GARDINER

Mailing Address 47 LAKE RD

City State Zip Code
FAR HILLS NJ 07931

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.122404

Date of Receipt

08 / 14 / 2015

Amount of Each Receipt this Period

2000.00

B. Full Name (Last, First, Middle Initial)
WAYNE GARDNER

Mailing Address 7502 STATE HIGHWAY 13

City State Zip Code
PITTSVILLE WI 54466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GARDNER CRANBER OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122406

Date of Receipt

08 / 03 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
WAYNE GARDNER

Mailing Address 7502 STATE HIGHWAY 13

City State Zip Code
PITTSVILLE WI 54466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GARDNER CRANBER OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122407

Date of Receipt

08 / 03 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **7400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROSEMARY A GARMANN

Mailing Address 5349 JULMAR DR

City State Zip Code
CINCINNATI OH 45238

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122408

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial)
ROSEMARY A GARMANN

Mailing Address 5349 JULMAR DR

City State Zip Code
CINCINNATI OH 45238

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122409

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial)
ROSEMARY A GARMANN

Mailing Address 5349 JULMAR DR

City State Zip Code
CINCINNATI OH 45238

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122410

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="150.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL GARNER

Mailing Address 623 PARK HILL RD

City DANVILLE State CA Zip Code 94526

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122411

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
SHIRLEY A GARNESS

Mailing Address 2614 SPRUCEWOOD STREET

City ANCHORAGE State AK Zip Code 99508

FEC ID number of contributing federal political committee.

Name of Employer Self-EMPLOYED Occupation Accounting

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122413

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ADAM GARNICA

Mailing Address 2137 COLTS NECK COURT

City RESTON State VA Zip Code 20191

FEC ID number of contributing federal political committee.

Name of Employer Dept Of Defense Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122415

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
C L GARRETT

Mailing Address 3516 NW 69TH ST

City	State	Zip Code
OKLAHOMA CITY	OK	73116

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.122417

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	5

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
MARTIN GARRICK

Mailing Address PO BOX 2582

City	State	Zip Code
RANCHO SANTA FE	CA	92067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ADMIRAL PROPERTY COMPANY	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1500.00

Transaction ID : SA17A.122419

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

_____ 1500.00

C. Full Name (Last, First, Middle Initial)
JOHN GARST

Mailing Address 3008 DEL PRADO

City	State	Zip Code
ALAMOGORDO	NM	88310

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.122420

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	5

Amount of Each Receipt this Period

_____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1850.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JENIFER GARVEY

Mailing Address 4721 ANNAWAY DRIVE

City	State	Zip Code
EDINA	MN	55436

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122427

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JOHN GASSER

Mailing Address 5595 LAWTON AVE

City	State	Zip Code
OAKLAND	CA	94618

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ADOLPH GASSER INC.	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122428

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN GASSER

Mailing Address 5595 LAWTON AVE

City	State	Zip Code
OAKLAND	CA	94618

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ADOLPH GASSER INC.	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122429

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN GASSER

Mailing Address 5595 LAWTON AVE

City State Zip Code
OAKLAND CA 94618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ADOLPH GASSER INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
310.00

Transaction ID : SA17A.122430

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
BRYAN GAULT

Mailing Address 1422 PRINCETON COURT

City State Zip Code
ALLENTOWN PA 18104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.122431

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
AMIT GAURI

Mailing Address 4889 N HERMITAGE AVE

City State Zip Code
CHICAGO IL 60640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLACK DOG FOUNDER/OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122433

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL J GAVINSKI

Mailing Address **PO BOX 117**

City State Zip Code
WISCONSIN DEL WI 53965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WISCONSIN DUCK TOURS TOUR GUIDE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122435

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CYNTHIA GAYDEN

Mailing Address **6230 DELOACHE AVE**

City State Zip Code
DALLAS TX 75225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122437

Date of Receipt
M M / D D / Y Y Y Y
08 17 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
TROY GAYESKI

Mailing Address **853 CEDAR LANE**

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sky Bridge Finance

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.122378

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
10800.00

Subtotal Of Receipts This Page (optional)..... **14500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TROY GAYESKI

Mailing Address **853 CEDAR LANE**

City **NEW CANAAN** State **CT** Zip Code **06840**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Sky Bridge** Occupation **Finance**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128908

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-8100.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TROY GAYESKI

Mailing Address **853 CEDAR LANE**

City **NEW CANAAN** State **CT** Zip Code **06840**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Sky Bridge** Occupation **Finance**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.128909

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period
8100.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARILYN V GEARHART

Mailing Address **PO BOX 427**

City **WATERVILLE** State **WA** Zip Code **98858**

FEC ID number of contributing federal political committee. **C**

Name of Employer **DOUGLAS CHURCH** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122439

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CAROL GEHL

Mailing Address **PO BOX 303**

City **HILBERT** State **WI** Zip Code **54129**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122441

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PAUL O GEHL

Mailing Address **PO BOX 303**

City **HILBERT** State **WI** Zip Code **54129**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122443

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
PAUL O GEHL

Mailing Address **PO BOX 303**

City **HILBERT** State **WI** Zip Code **54129**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122444

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 579 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KENNETH GEHRING

Mailing Address 2759 HOPE RD

City	State	Zip Code
COTTAGE GROVE	WI	53527

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THERMA STO LLC	RESEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122446

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			07			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MARLENE GEISER

Mailing Address PO BOX 744

City	State	Zip Code
SPRINGVILLE	UT	84663

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	LIFE STYLE AND NUTRITION CONSULT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122447

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			05			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
THOMAS A GELDERMANN

Mailing Address N1639 WILLOW BROOK R

City	State	Zip Code
LAKE GENEVA	WI	53147

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122449

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES J GELHAAR

Mailing Address 5603 BRAMBLEWOOD RD

City	State	Zip Code
LA CANADA	CA	91011

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PUBLIC WORKS & TRAFFIC COMMI	COMMISSIONER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122451

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MARK GELHAUS

Mailing Address 4658 WEST 5 MILE ROAD

City	State	Zip Code
CALEDONIA	WI	53108

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Clifton Larson Allen LLP	CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122453

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
WOODY GENE

Mailing Address PO BOX 500

City	State	Zip Code
SAYNER	WI	54560

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122455

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) DONALD GESCHIMSKY			Transaction ID : SA17A.122463
Mailing Address 173 GRANDVIEW AVENUE			Date of Receipt
City BERLIN State CT Zip Code 06037			<input type="text" value="09"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="220.00"/>
Name of Employer Retired		Occupation Retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="220.00"/>	

B. Full Name (Last, First, Middle Initial) ROBERT GETTEMY			Transaction ID : SA17A.122465
Mailing Address 3325 JONQUIL LN			Date of Receipt
City MARION State IA Zip Code 52302			<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer TAXACT		Occupation MANAGER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="500.00"/>	

C. Full Name (Last, First, Middle Initial) BERT GETZ			Transaction ID : SA17A.122467
Mailing Address 6335 W HIGHWAY 120			Date of Receipt
City LIBERTYVILLE State IL Zip Code 60048			<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="500.00"/>	

Subtotal Of Receipts This Page (optional)	<input type="text" value="1220.00"/>
Total This Period (last page this line number only)	<input type="text" value=""/>

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID W GHEGAN

Mailing Address 4347 SENTINEL POST R

City ATLANTA State GA Zip Code 30327

FEC ID number of contributing federal political committee. **C**

Name of Employer TROATMAN SANDERS LLP Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122469

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN GHETTI

Mailing Address 3500 DELTA DR

City SAINT GABRIEL State LA Zip Code 70776

FEC ID number of contributing federal political committee. **C**

Name of Employer FINFOAM Occupation VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122471

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ANN D GIBBS

Mailing Address 5005 YACHT CLUB RD

City JACKSONVILLE State FL Zip Code 32210

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122473

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1250.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PHYLIS GIBBS

Mailing Address 7121 W BROOKOVER DR APT

City	State	Zip Code
BOISE	ID	83709

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122475

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CATHY A GIBSON

Mailing Address 4886 MOTIF ST

City	State	Zip Code
OCEANSIDE	CA	92057

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NOVA VOICE & DATA SYSTEMS INC	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122477

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
FRED D. GIBSON

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128992

Date of Receipt
M M / D D / Y Y Y Y

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BENJAMIN GIELOW

Mailing Address 2405 CHURCHILL ROAD

City State Zip Code
SILVER SPRING MD 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMAZON LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122479

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BENJAMIN GIELOW

Mailing Address 2405 CHURCHILL ROAD

City State Zip Code
SILVER SPRING MD 20902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMAZON LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122480

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RAYMOND E GIERINGER

Mailing Address 2618 SHOREHAVEN LN

City State Zip Code
OSHKOSH WI 54904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17A.122481

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2000.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES GIESE

Mailing Address 400 VILLA ST

City	State	Zip Code
DUBUQUE	IA	52003

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GIESE MANUFACTURING CO.	PRESIDENT/OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122483

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
YALE GIESZL

Mailing Address PO BOX 6535

City	State	Zip Code
SNOWMASS VILL	CO	81615

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.122484

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2015			

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JEANNE T GIGANTE

Mailing Address PO BOX 440

City	State	Zip Code
WAUSAUKEE	WI	54177

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WAUPACA FOUNDRY INC	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122486

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ 3200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AUSTIN GILBERT

Mailing Address **POB 3009**

City **FLORENCE** State **SC** Zip Code **29502**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GILBERT CONSTRUCTION CO.** Occupation **BUILDING CONTRACTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
232.00

Transaction ID : SA17A.122487

Date of Receipt

08 / 14 / 2015

Amount of Each Receipt this Period

82.00

B. Full Name (Last, First, Middle Initial)
AMY GILES-MAURER

Mailing Address **257 OLD GREEN BAY ROAD**

City **KENOSHA** State **WI** Zip Code **53144**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TG3 ELECTRONICS, INC** Occupation **CFO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122489

Date of Receipt

07 / 16 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
STEVEN GILL

Mailing Address **5000 N SHORELINE TERRACE**

City **MUNCIE** State **IN** Zip Code **47304**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GILL BROTHERS FURNITURE** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122491

Date of Receipt

07 / 13 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **1082.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARVIN GILLIAM

Mailing Address **16104 COLLETON COURT**

City	State	Zip Code
BRISTOL	VA	24202

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.122493

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
MARGARET GILLIS

Mailing Address **322 MAYFIELD AVE**

City	State	Zip Code
ELKINS PARK	PA	19027

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 203.00

Transaction ID : SA17A.122495

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period

203.00

C. Full Name (Last, First, Middle Initial)
JAMES GILLY

Mailing Address **PO BOX 2239**

City	State	Zip Code
PONTE VEDRA	FL	32004

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GILLY DEVELOPMENT CORP	WIRELESS TELECOM

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.122497

Date of Receipt

M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **3153.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL GILMOUR

Mailing Address **87 WESTMONT ST.**

City State Zip Code
WEST HARTFORD CT 06117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CANTOR COLBURN LLP PATENT AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122499

Date of Receipt
M M / D D / Y Y Y Y
06 23 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DENNIS GILSTAD

Mailing Address **9940 SW PEACE RIVER STREET**

City State Zip Code
ARCADIA FL 34269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122501

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JULIAN GINGOLD

Mailing Address **300 E 56TH ST**

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UBS FINANCIAL SR. VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122503

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **3200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ERIC GITTER

Mailing Address 3140 HUBERTUS ROAD

City State Zip Code
HUBETUS WI 53033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122505

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Amount of Each Receipt this Period

2	5	0	0	.	0	0
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B. Full Name (Last, First, Middle Initial)
ALFRED R GLANCY

Mailing Address 40 PRESTON PLACE

City State Zip Code
GROSSE POINTE MI 48238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122507

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

1	0	0	0	.	0	0
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C. Full Name (Last, First, Middle Initial)
KENNETH GLASS

Mailing Address 28 PEACH KNOB DR

City State Zip Code
ASHEVILLE NC 28804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STONY POINT GROUP EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.122509

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Amount of Each Receipt this Period

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Subtotal Of Receipts This Page (optional).....▶

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Total This Period (last page this line number only).....▶

2	7	5	0	.	0	0
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**SCHEDULE A-P
ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN GLEESON

Mailing Address 412 N HICKORY AV

City	State	Zip Code
ARLINGTON HEIGHTS	IL	60004

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122511

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
MILDRED ANN GLENDINNING

Mailing Address 318 S.BEACH RD.

City	State	Zip Code
HOBE SOUND	FL	33455

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122512

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="150.00"/>

C. Full Name (Last, First, Middle Initial)
MILDRED ANN GLENDINNING

Mailing Address 318 S.BEACH RD.

City	State	Zip Code
HOBE SOUND	FL	33455

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122513

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) MILDRED ANN GLENDINNING			Transaction ID : SA17A.122514																				
Mailing Address 318 S.BEACH RD.			Date of Receipt																				
City HOBE SOUND	State FL	Zip Code 33455	<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>08</td><td></td><td></td><td>13</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	08			13			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
08			13			2015																	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period																				
Name of Employer RETIRED	Occupation RETIRED		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>100.00</td></tr></table>																				100.00
									100.00														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼																				
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									450.00														

B. Full Name (Last, First, Middle Initial) BRONWYN P GLOJEK			Transaction ID : SA17A.122516																				
Mailing Address W238N3251 HIGH MEADO			Date of Receipt																				
City PEWAUKEE	State WI	Zip Code 53072	<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>07</td><td></td><td></td><td>06</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	07			06			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			06			2015																	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period																				
Name of Employer HOMEMAKER	Occupation HOMEMAKER		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>500.00</td></tr></table>																				500.00
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									500.00														

C. Full Name (Last, First, Middle Initial) JACK GLORIOD			Transaction ID : SA17A.122518																				
Mailing Address 752 SILVER OAK GROVE			Date of Receipt																				
City COLORADO SPRINGS	State CO	Zip Code 80906	<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>07</td><td></td><td></td><td>13</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	07			13			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			13			2015																	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period																				
Name of Employer SELF-EMPLOYED	Occupation REALTOR		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>250.00</td></tr></table>																				250.00
									250.00														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼																				
			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>250.00</td></tr></table>																				250.00
									250.00														

Subtotal Of Receipts This Page (optional).....▶

									850.00
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Total This Period (last page this line number only).....▶

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SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LARRY GLOVER

Mailing Address **1319 COSSACKS PL**

City **GLENDORA** State **CA** Zip Code **91741**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122519

Date of Receipt
 M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
BRIAN GLYNN

Mailing Address **4141 SLEEPING DRAGON ROAD**

City **WEST BEND** State **WI** Zip Code **53095**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GUY & O'NEILL, INC** Occupation **ACCOUNTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122520

Date of Receipt
 M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
DENNIS GNAS

Mailing Address **7309 BIRDCERRY LANE**

City **LAUREL** State **MD** Zip Code **20707**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122522

Date of Receipt
 M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **500.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KRISTIE GOBEN

Mailing Address 1601 E JUNIPER WAY

City	State	Zip Code
HARTLAND	WI	53029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GREATER MILWAUKEE AUTO AUCTION	PRESIDENT

Receipt For: 2016

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122524

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CHARLES H GODDARD

Mailing Address 143 1ST STREET

City	State	Zip Code
MENOMINEE	MI	49858

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MARINETTE MARINE CORPORATION	PRESIDENT/CEO

Receipt For: 2016

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122526

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	6	/	2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN GODDARD

Mailing Address PO BOX 15550

City	State	Zip Code
LOVES PARK	IL	61132

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Investment Resources Corp	Manager

Receipt For: 2016

Primary General

Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122528

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	0	/	2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RONALD GODDARD

Mailing Address 13507 SR 70 W

City	State	Zip Code
LAKE PLACID	FL	33852

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	RANCHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122530

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
KATHRYN GODLEY

Mailing Address PO BOX 1208

City	State	Zip Code
DAVIDSON	NC	28036

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	REAL ESTATE INVESTMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122532

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

C. Full Name (Last, First, Middle Initial)
EDWARD GOEAS

Mailing Address 1409 COVENTRY LANE

City	State	Zip Code
ALEXANDRIA	VA	22304

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THE TARRANCE GROUP	SURVEY RESEARCH

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122533

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUE Z. GOEBEL

Mailing Address **8467 SAND POINT WAY**

City State Zip Code
INDIANAPOLIS IN 46240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122535

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
GLEN GOERGEN

Mailing Address **8216 N GRAY LOG LANE**

City State Zip Code
FOX POINT WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122537

Date of Receipt

07 / 24 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
GEOFFREY S GOLDEN

Mailing Address **3314 GREENWOOD LANE**

City State Zip Code
BIRMINGHAM AL 35223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Golden Construction LLC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122539

Date of Receipt

08 / 28 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LAURENCE GOLDFARB

Mailing Address 11 GRACE AVENUE, SUITE 405

City State Zip Code
GREAT NECK NY 11021

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LAURAND ASSOCIATES, INC. COMMODITIES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122540

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JUDITH GOLDMAN

Mailing Address 12728 BACCARAT CT.

City State Zip Code
GRASS VALLEY CA 95945

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122541

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MARC GOLDMAN

Mailing Address PO BOX 8020

City State Zip Code
GARDEN CITY NY 11530

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122543

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ERIC GOLDSTEIN

Mailing Address 9803 GINGERWOOD DR

City	State	Zip Code
TAMPA	FL	33626

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122544

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ERIC GOLDSTEIN

Mailing Address 9803 GINGERWOOD DR

City	State	Zip Code
TAMPA	FL	33626

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122545

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	6	/	2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
RAYMOND G GOOCH

Mailing Address 6538 12TH AVE. NW

City	State	Zip Code
SEATTLE	WA	98117

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CRESCENT LIGHTING	MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122547

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	4	/	2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SIDNEY GOODFRIEND

Mailing Address 115 ZACCHEUS MEAD LN

City	State	Zip Code
GREENWICH	CT	06831

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AMERICAN CORPORATE PARTNERS	FOUNDER/CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122549

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JEROME GOODIN

Mailing Address 1996 SOUTHWEST 176TH
M

City	State	Zip Code
MIRAMAR	MI	00000

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
TRANSPORTATION ENERGY ANALYS	MANAGING MEMBER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122551

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ANDREW GOODMAN

Mailing Address 198 BEECH STREET

City	State	Zip Code
HIGHLAND PARK	IL	60035

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THE WOLCOTT GROUP	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122553

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GREG GOODMAN

Mailing Address 2903 HARLINDALE DR

City State Zip Code
ROCK HILL SC 29732

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CAROLINA PAD MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122555

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
PAUL GOODMAN

Mailing Address 99 S SERVICE ROAD

City State Zip Code
NEW HYDE PARK NY 11040

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122556

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
PAUL GOODMAN

Mailing Address 99 S SERVICE ROAD

City State Zip Code
NEW HYDE PARK NY 11040

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122557

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL GOODMAN

Mailing Address **99 S SERVICE ROAD**

City **NEW HYDE PARK** State **NY** Zip Code **11040**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
370.00

Transaction ID : SA17A.122558

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
PRISCILLA GOODYEAR

Mailing Address **10042 SIGNET CIRCLE**

City **HUNTINGTON BEACH** State **CA** Zip Code **92646**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122559

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
GENE GOPON

Mailing Address **1153 LEE ST**

City **DES PLAINES** State **IL** Zip Code **60016**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122561

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **650.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRUCE E GORDON

Mailing Address 445 WALNUT LN

City State Zip Code
SANTA BARBARA CA 93111

FEC ID number of contributing federal political committee.

Name of Employer Occupation
L-TRONICS ELECTORIN ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17A.122563

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
GARY N GORDON

Mailing Address 149 PATRIOTS RD

City State Zip Code
MORRIS PLAINS NJ 07950

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17A.122564

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN GORDON

Mailing Address PO BOX 1787

City State Zip Code
GRAND RAPIDS MI 49501

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17A.122566

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DEBRA GORE

Mailing Address 4825 EAGLE FEATHER DRIVE

City	State	Zip Code
AUSTIN	TX	78735

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
REGENTS SCHOOL OF AUSTIN	TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122568

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			19			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
REX GORE

Mailing Address 1304 W OLTORF STREET

City	State	Zip Code
AUSTIN	TX	78704

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PJS OF TEXAS	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122570

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			06			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOSH GORFINKLE

Mailing Address 39 GRAND STREET, APT 3402

City	State	Zip Code
MAMARONECK	NY	10543

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122573

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES C GORMAN

Mailing Address P.O. BOX 2599

City MANSFIELD State OH Zip Code 44906

FEC ID number of contributing federal political committee. **C**

Name of Employer GORMAN RUPP CO. Occupation CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122575

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
JAMES C GORMAN

Mailing Address P.O. BOX 2599

City MANSFIELD State OH Zip Code 44906

FEC ID number of contributing federal political committee. **C**

Name of Employer GORMAN RUPP CO. Occupation CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122576

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
M. M GORRIE

Mailing Address 54 COUNTRY CLUB BLVD

City MOUNTAIN BRK State AL Zip Code 35213

FEC ID number of contributing federal political committee. **C**

Name of Employer BRASFIELD & GORRIE LLC Occupation REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122578

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ 2000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
M. J GORRIE

Mailing Address PO BOX 10383

City	State	Zip Code
BIRMINGHAM	AL	35202

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BRASFIELD & GORRIE LLC	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122580

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	07	/	2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JERRY GOSS

Mailing Address 735 OAK HILLS PKWY

City	State	Zip Code
BATON ROUGE	LA	70810

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GODS WEALTH MGT	GODS WEALTH MGT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122582

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	15	/	2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOSEPH N GOTHIE

Mailing Address 703 GREENBRIAR RD

City	State	Zip Code
YORK	PA	17404

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GOTHE LAW FIRM LLC	LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122584

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	31	/	2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALEXANDR R GRABER

Mailing Address 123 CAMERON MEWS

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OCCUPATIONAL THERAPIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122591

Date of Receipt
MM / DD / YYYY
07 / 16 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICHARD GRABER

Mailing Address 123 CAMERON MEWS

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HONEYWELL SR. VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122593

Date of Receipt
MM / DD / YYYY
07 / 16 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
RICHARD GRABER

Mailing Address 123 CAMERON MEWS

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HONEYWELL SR. VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122594

Date of Receipt
MM / DD / YYYY
07 / 16 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM GRAFTON

Mailing Address 3320 SOUTH JUSTIN ST.

City	State	Zip Code
FLAGSTAFF	AZ	86005

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122602

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

B. Full Name (Last, First, Middle Initial)
WILLIAM GRAFTON

Mailing Address 3320 SOUTH JUSTIN ST.

City	State	Zip Code
FLAGSTAFF	AZ	86005

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122603

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

<input type="text" value="200.00"/>

C. Full Name (Last, First, Middle Initial)
WILLIAM GRAFTON

Mailing Address 3320 SOUTH JUSTIN ST.

City	State	Zip Code
FLAGSTAFF	AZ	86005

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122604

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM GRAFTON

Mailing Address 3320 SOUTH JUSTIN ST.

City	State	Zip Code
FLAGSTAFF	AZ	86005

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 850.00

Transaction ID : SA17A.122605

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
ARLAN GRAGES

Mailing Address 1011 BRITTNEY BLVD

City	State	Zip Code
MONTEVIDEO	MN	56265

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ADVISOR	EDWARD JONES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.122606

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

_____ 200.00

C. Full Name (Last, First, Middle Initial)
JAMES GRAHAM

Mailing Address 1118 N PERRY DR

City	State	Zip Code
PALATINE	IL	60067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.122607

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

_____ 250.00

Subtotal Of Receipts This Page (optional).....▶ **700.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES GRAHAM

Mailing Address 1118 N PERRY DR

City	State	Zip Code
PALATINE	IL	60067

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Transaction ID : SA17A.122608

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

_____ 50.00

B. Full Name (Last, First, Middle Initial)
GREG GRAMBOW

Mailing Address W166N5925 GREENWAY CIR

City	State	Zip Code
MENOMONEE FALLS	WI	53051

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
DU-WELL GRINDING ENTERPRISES, INC.	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.122610

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

_____ 300.00

C. Full Name (Last, First, Middle Initial)
GORDON GRANGE

Mailing Address PO BOX 129

City	State	Zip Code
PARK CITY	UT	84060

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Unlimited Steel Inc	Owner

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Transaction ID : SA17A.122612

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period

_____ 400.00

Subtotal Of Receipts This Page (optional).....▶

_____ 750.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRIDGET GRANT

Mailing Address 578 RIDGECREST RD NE

City	State	Zip Code
ATLANTA	GA	30307

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122614

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
BRIDGET GRANT

Mailing Address 578 RIDGECREST RD NE

City	State	Zip Code
ATLANTA	GA	30307

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122615

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial)
JUDY GRAVES

Mailing Address 1076 COUNTY ROAD 415

City	State	Zip Code
FRIEDHEIM	MO	63747

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122617

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) KATHARINE GRAY Mailing Address 9808 KINGSBRIDGE RD. City RICHMOND State VA Zip Code 23238 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		Transaction ID : SA17A.122624 Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
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B. Full Name (Last, First, Middle Initial) SANDRA GRAY Mailing Address PO BOX 641 City KAPAAU State HI Zip Code 96755 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		Transaction ID : SA17A.122626 Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2015 Amount of Each Receipt this Period <input type="text" value="1000.00"/>
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C. Full Name (Last, First, Middle Initial) DAVID GRAYBILL Mailing Address 6309 S HUNTERS RUN City PENDLETON State IN Zip Code 46064 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer CENTRAL INDIANA ORTHOPEDICS Occupation PHYSICIAN Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1200.00"/>		Transaction ID : SA17A.122627 Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2015 Amount of Each Receipt this Period <input type="text" value="1000.00"/>
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Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM GREAVES

Mailing Address **8851 N BAYSIDE DR**

City	State	Zip Code
BAYSIDE	WI	53217

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ABPM	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.122629

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			01			2015			

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM GREAVES

Mailing Address **8851 N BAYSIDE DR**

City	State	Zip Code
BAYSIDE	WI	53217

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ABPM	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 750.00

Transaction ID : SA17A.122630

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM GREAVES

Mailing Address **8851 N BAYSIDE DR**

City	State	Zip Code
BAYSIDE	WI	53217

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ABPM	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.122631

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			20			2015			

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1000.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM GREAVES

Mailing Address **8851 N BAYSIDE DR**

City **BAYSIDE** State **WI** Zip Code **53217**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ABPM** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17A.122632

Date of Receipt

08 / 19 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
WILLIAM GREAVES

Mailing Address **8851 N BAYSIDE DR**

City **BAYSIDE** State **WI** Zip Code **53217**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ABPM** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Transaction ID : SA17A.122633

Date of Receipt

08 / 31 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
KATHERINE GREBE

Mailing Address **11417 N. SPRING AVENUE**

City **MEQUON** State **WI** Zip Code **53092**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MILLERCOORS** Occupation **LAWYER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122635

Date of Receipt

07 / 24 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **1200.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK GREEN

Mailing Address 1600 OAK PLAINS ROAD

City	State	Zip Code
ASHLAND CITY	TN	37015

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.122640

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
 _____ 5400.00

B. Full Name (Last, First, Middle Initial)
MARK GREEN

Mailing Address 1600 OAK PLAINS ROAD

City	State	Zip Code
ASHLAND CITY	TN	37015

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128905

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
 _____ -2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
THOMAS GREEN

Mailing Address 540 PELICAN BAY DRIVE

City	State	Zip Code
DAYTONA BEACH	FL	32119

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation PHYSICIAN
-----------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.122642

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		13		2015

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 5900.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES GREENBERG

Mailing Address **845 UN PLAZA #53B**

City **NEW YORK** State **NY** Zip Code **10017**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122644

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
ALBERT GREENE

Mailing Address **32753 GREENWELL SPRI**

City **GREENWELL SPR** State **LA** Zip Code **70739**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122646

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LARRY GREENFIELD

Mailing Address **15021 VENTURA BOULEVARD, #849**

City **SHERMAN OAKS** State **CA** Zip Code **91403**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **WEALTH MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122648

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional)..... **4000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT GREENHECK

Mailing Address **3810 STERNBERG AVENUE**

City State Zip Code
WESTON WI 54476

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GREENHECK FAN CORPORATION EXECUTIVE VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122650

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
ROBERT GREENHECK

Mailing Address **3810 STERNBERG AVENUE**

City State Zip Code
WESTON WI 54476

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GREENHECK FAN CORPORATION EXECUTIVE VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122651

Date of Receipt
M M / D D / Y Y Y Y
08 05 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
JEFFREY GREENSPOON

Mailing Address **6865 S.TROPICAL TRAIL**

City State Zip Code
MERRITT ISLAND FL 32952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEALTH FIRST ORTHOPEDIC SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122653

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **5650.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RUTH B GREGORY

Mailing Address **2320 E EDGEWOOD AVE**

City **SHOREWOOD** State **WI** Zip Code **53211**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122663

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
AUGUST GREIDANUS

Mailing Address **501 CUTTERS MILL LN**

City **SCHAUMBURG** State **IL** Zip Code **60194**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122665

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DAVID GREINADER

Mailing Address **4708 CAROLINE**

City **HOUSTON** State **TX** Zip Code **77004**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122667

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **3500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LOIS J GRIFFITH

Mailing Address 1500 SHERIDAN ROAD, APT

City State Zip Code
WILMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122680

Date of Receipt
MM / DD / YYYY
08 / 12 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
LOIS J GRIFFITH

Mailing Address 1500 SHERIDAN ROAD, APT

City State Zip Code
WILMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128903

Date of Receipt
MM / DD / YYYY
08 / 12 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
LOIS J GRIFFITH

Mailing Address 1500 SHERIDAN ROAD, APT

City State Zip Code
WILMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128904

Date of Receipt
MM / DD / YYYY
08 / 12 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 626 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT GRIFFITH

Mailing Address 1820 OAK KNOLL DR

City State Zip Code
BELMONT CA 94002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122682

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
NANCY GRIGGS

Mailing Address 5663 LONGRIDGE DR

City State Zip Code
ROANOKE VA 24018

FEC ID number of contributing federal political committee.

Name of Employer Occupation
H & R BLOCK TAX PREPARER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122684

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN GRIGSBY

Mailing Address PO BOX 72768

City State Zip Code
MARIETTA GA 30007

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122686

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD GROFF

Mailing Address 313 PERFECTO LOPEZ R

City State Zip Code
CORRALES NM 87048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.122687

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
RICHARD GROFF

Mailing Address 313 PERFECTO LOPEZ R

City State Zip Code
CORRALES NM 87048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
308.00

Transaction ID : SA17A.122688

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period
105.00

C. Full Name (Last, First, Middle Initial)
KENNETH GROSS

Mailing Address 5222 BALBOA AVE

City State Zip Code
SAN DIEGO CA 92117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDICAL DENTAL SURGERY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122689

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
150.00

Subtotal Of Receipts This Page (optional).....▶ 355.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BARBARA GROSSMEYER

Mailing Address **W68N328 PALMETTO CT**

City State Zip Code
CEDARBURG WI 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
535.00

Transaction ID : SA17A.122690

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DANNA GROSVENOR

Mailing Address **7410 W LAYTON WAY**

City State Zip Code
LITTLETON CO 80123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122692

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JACK M GROUT

Mailing Address **9396 E SANDY WHISKERS P**

City State Zip Code
TUCSON AZ 85710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122693

Date of Receipt
M M / D D / Y Y Y Y
09 10 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ **1100.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROSALIND R GROVER

Mailing Address **PO BOX 2127**

City State Zip Code
MIDLAND TX 79702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PRODUCER INDEPENDENT OIL & GAS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122695

Date of Receipt

09 / 01 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
PAUL L GRUCHALA

Mailing Address **8320 HALLER STREET**

City State Zip Code
WESTLAND MI 48185

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122697

Date of Receipt

07 / 28 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
JULIE GUBASH

Mailing Address **1380 25TH ST**

City State Zip Code
HOULTON WI 54082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED Registered Nurse

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.122699

Date of Receipt

08 / 20 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

5000.00

Subtotal Of Receipts This Page (optional)..... **8200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JULIE GUBASH

Mailing Address 1380 25TH ST

City HOULTON State WI Zip Code 54082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED Registered Nurse

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.122700

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MARK GUBASH

Mailing Address

City State WI Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.122702

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JEFFREY GUBBINS

Mailing Address 18145 COOPERS LN

City BROOKFIELD State WI Zip Code 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
XACT WIRE EDM MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122704

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARIETTA S GUEVARA

Mailing Address 2016 GROVE PARK WAY

City BIRMINGHAM State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.122714

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
MARIETTA S GUEVARA

Mailing Address 2016 GROVE PARK WAY

City BIRMINGHAM State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17A.122715

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
MARIETTA S GUEVARA

Mailing Address 2016 GROVE PARK WAY

City BIRMINGHAM State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
270.00

Transaction ID : SA17A.122716

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
35.00

Subtotal Of Receipts This Page (optional).....▶ 75.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANICE GULSVIG

Mailing Address 2304 TALON LANE

City State Zip Code
WAUSAU WI 54403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Align Co-Founder & COO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122725

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NEIL GULSVIG

Mailing Address 2304 TALON LANE

City State Zip Code
WAUSAU WI 54403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Align CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122727

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
NEIL GULSVIG

Mailing Address 2304 TALON LANE

City State Zip Code
WAUSAU WI 54403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Align CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122728

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MILTON GUMOWITZ

Mailing Address 3 BIRCHALL DR

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122730

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
WILLIAM GUNNELLS III

Mailing Address 2120 BROOK HIGHLAND RIDGE

City State Zip Code
BIRMINGHAM AL 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RXBENEFITS, INC. PRESCRIPTION CLAIM ADMINISTRATION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122732

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
GARY GUSSEL

Mailing Address 25 SISKIWIT CIR

City State Zip Code
MADISON WI 53719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TRAVEL MART, INC. SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122734

Date of Receipt

/ /

SEE REATTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY GUSSEL

Mailing Address **25 SISKIWIT CIR**

City State Zip Code
MADISON WI 53719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TRAVEL MART, INC. SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122735

Date of Receipt
M M / D D / Y Y Y Y
08 14 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
J. T GUSSEL

Mailing Address **PO BOX 447**

City State Zip Code
WISCONSIN DEL WI 53965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Ad-Lit Distribution INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122737

Date of Receipt
M M / D D / Y Y Y Y
09 08 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JADE GUSSEL

Mailing Address **25 SISKIWIT CIR**

City State Zip Code
MADISON WI 53719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122739

Date of Receipt
M M / D D / Y Y Y Y
08 14 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LOUIS GUZZETTI

Mailing Address 90 FERRIS HILL RD.

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SPINNAKER COATING, LLC CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122753

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CAROL HAACK

Mailing Address 550 PARK CIR

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122754

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SANDRA HAACK

Mailing Address 1245 OVERHILL RD

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WILLIAM AND SANDRA HAACK FAMILY FOUNDER
FOUNDRA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122756

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM R HAACK

Mailing Address 1245 OVERHILL RD

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAACK VENTURES LLC C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122758

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
WILLIAM R HAACK

Mailing Address 1245 OVERHILL RD

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAACK VENTURES LLC C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122759

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SCOTT HAAG

Mailing Address 825 N PROSPECT AVE

City State Zip Code
MILWAUKEE WI 53202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Moore Oil CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122761

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT HABELMAN

Mailing Address 1488 AQUA RD

City State Zip Code
BLACK RIVER F WI 54615

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122769

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			11			2015			

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

B. Full Name (Last, First, Middle Initial)
SANDRA HABERKORN

Mailing Address 6500 SMITHTOWN ROAD

City State Zip Code
EXCELSIOR MN 55331

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122770

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			28			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
RICHARD HACKER

Mailing Address S64 W31404 VALLEY LANE

City State Zip Code
MUKWONAGO WI 53149

FEC ID number of contributing federal political committee.

Name of Employer Occupation
EPS, INC. ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122772

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			28			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
S. DOUGL HAHN

Mailing Address **34 GARDINERS BAY DR**

City State Zip Code
SHELTER ISLAN NY 11965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAPITAL REGION LIVING MAGAZINE PUBLISHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122779

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LAWRENCE HAKE

Mailing Address **1038 WOODLAND WAY**

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122781

Date of Receipt
M M / D D / Y Y Y Y
08 18 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
TIMOTHY HALDEMAN

Mailing Address **1138 LAS PULGAS RD**

City State Zip Code
PACIFIC PALISADES CA 90272

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122783

Date of Receipt
M M / D D / Y Y Y Y
07 01 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **3000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID HALEY

Mailing Address **PO BOX 65349**

City State Zip Code
UNIVERSITY PLACE WA 98464

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122785

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
PAUL HALEY

Mailing Address **4012 HUNTSTEED WAY**

City State Zip Code
HENRICO VA 23233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GENWORTH FINANCIAL ACTUARY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122787

Date of Receipt
M M / D D / Y Y Y Y
09 10 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES M HALL

Mailing Address **2922 OWEN STREET**

City State Zip Code
SAN DIEGO CA 92106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122789

Date of Receipt
M M / D D / Y Y Y Y
08 14 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **5900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LAWRENCE HALL

Mailing Address **P.O. BOX 728**

City **ELIZABETHTOWN** State **KY** Zip Code **42702**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122795

Date of Receipt

07 / **27** / **2015**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
LAURENCE HALLAS

Mailing Address **1350 WAKESHIRE TER**

City **BALLWIN** State **MO** Zip Code **63011**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ALMOSTEUROPE LMII** Occupation **SELF-EMPLOYED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122797

Date of Receipt

07 / **14** / **2015**

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DAVID S HALLER

Mailing Address **22 JONQUIL DR**

City **NEWTOWN** State **PA** Zip Code **18940**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122799

Date of Receipt

07 / **17** / **2015**

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **1000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALAN HALVERSON

Mailing Address 1826 STONEBROOK LN

City State Zip Code
CLOVIS CA 93611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1135.00

Transaction ID : SA17A.122804

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
CURT HAMES

Mailing Address PO BOX 217

City State Zip Code
MARION IA 52302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAMES HOMES OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.122806

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
CURT HAMES

Mailing Address PO BOX 217

City State Zip Code
MARION IA 52302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAMES HOMES OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.122807

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5000.00

Subtotal Of Receipts This Page (optional).....▶ 5050.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CURT HAMES

Mailing Address **PO BOX 217**

City State Zip Code
MARION IA 52302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAMES HOMES OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128817

Date of Receipt
M M / D D / Y Y Y Y
07 28 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NORMA HAMES

Mailing Address **PO BOX 217**

City State Zip Code
MARION IA 52302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAMES HOMES OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5000.00**

Transaction ID : SA17A.122809

Date of Receipt
M M / D D / Y Y Y Y
06 19 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
NORMA HAMES

Mailing Address **PO BOX 217**

City State Zip Code
MARION IA 52302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAMES HOMES OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2500.00**

Transaction ID : SA17A.122810

Date of Receipt
M M / D D / Y Y Y Y
06 19 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2500.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NORMA HAMES

Mailing Address **PO BOX 217**

City State Zip Code
MARION IA 52302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAMES HOMES OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.128818

Date of Receipt
M M / D D / Y Y Y Y
07 28 2015

REATTRIBUTED

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JAMES HAMIL

Mailing Address **29 VALENCIA DR**

City State Zip Code
NASHUA NH 03062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COVENANT HEALTH SYSTEMS BOARD OF DIRECTORS MEMBE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122812

Date of Receipt
M M / D D / Y Y Y Y
07 24 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BARBARA A HAMILTON

Mailing Address **120 E 73RD ST**

City State Zip Code
INDIANAPOLIS IN 46240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122813

Date of Receipt
M M / D D / Y Y Y Y
09 14 2015

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-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANET L HAMILTON

Mailing Address 4616 PALM DR.

City	State	Zip Code
LA CANADA	CA	91011

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.122815

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period

_____ 1000.00

B. Full Name (Last, First, Middle Initial)
RONALD HAMILTON

Mailing Address PO BOX 2429

City	State	Zip Code
FORNEY	TX	75126

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 220.00

Transaction ID : SA17A.122817

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

_____ 220.00

C. Full Name (Last, First, Middle Initial)
LLOYD HANAHAN

Mailing Address 10001 WEST 156 STREET

City	State	Zip Code
OVERLAND PARK	KS	66221

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.122819

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

_____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1720.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LU ANN HANCOCK WE

Mailing Address **2807 CATALPA ST**

City **NEWPORT BEACH** State **CA** Zip Code **92660**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4600.00

Transaction ID : SA17A.122825

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

Redesignation

Amount of Each Receipt this Period
1900.00

B. Full Name (Last, First, Middle Initial)
MIKE HANEN-SMIT

Mailing Address **241 NORMAN RIDGE DR**

City **MINNEAPOLIS** State **MN** Zip Code **55437**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RIVER LAKE CLINIC** Occupation **OPTOMETRIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122827

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
F. B HANES

Mailing Address **380 KNOLLWOOD ST**

City **WINSTON SALEM** State **NC** Zip Code **27103**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BOWEN, HANES & COMPANY INC** Occupation **INVESTMENT COUNSEL**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122829

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **3150.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JONATHAN HANGAS

Mailing Address **PO BOX 95**

City State Zip Code
GROSSE ILE MI 48138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FORD MOTOR COMPANY RESEARCH SCIENTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122831

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WALLY HANKWITZ

Mailing Address **1106 SUSSEX DRIVE**

City State Zip Code
KINGSPORT TN 37660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HIGHLANDS HEALTH MGMT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122833

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
COLIN HANNA

Mailing Address **603 FAIRWAY DR**

City State Zip Code
WEST CHESTER PA 19382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LET FREEDOM RING CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122835

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRED HANNA

Mailing Address 3360 LOWER ROSWELL ROAD

City State Zip Code
MARIETTA GA 30068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122837

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WAYNE W HANNA

Mailing Address N31W23933 OLD FARM C

City State Zip Code
PEWAUKEE WI 53072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COTTA TRANSMISSION COMPANY EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122839

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROGER HANNAN

Mailing Address 1420 RONAN CT

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED WEALTH ADVISOR CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122841

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CARL W HANSEN

Mailing Address 1414 S 65TH ST

City State Zip Code
MILWAUKEE WI 53214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.122847

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

210.00

B. Full Name (Last, First, Middle Initial)
MICHAEL F HANSEN

Mailing Address 12507 N ST. ANNE COURT

City State Zip Code
MEQUON WI 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122849

Date of Receipt

M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
NANCY HANSEN

Mailing Address 138 JAFFREES ROAD

City State Zip Code
MALVERN PA 19355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122851

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ 2210.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRISTIANA HANSON

Mailing Address **N2083 WINCHESTER ROAD**

City **HORTONVILLE** State **WI** Zip Code **54944**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INSURANCE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122858

Date of Receipt

07 / **21** / **2015**

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
ROGER HARBIN

Mailing Address **16225 NE 112TH CT**

City **REDMOND** State **WA** Zip Code **98052**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122860

Date of Receipt

07 / **14** / **2015**

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
BRYAN HARDEMAN

Mailing Address **6757 AIRPORT BLVD**

City **AUSTIN** State **TX** Zip Code **78752**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122862

Date of Receipt

07 / **15** / **2015**

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional)..... **3700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEITH P HARDENDA

Mailing Address 1825 OLD OAK CT

City State Zip Code
BROOKFIELD WI 53005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KPH CONTRUCTION FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122864

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JAMES HARDERS

Mailing Address 7413 COBBLESTONE CT

City State Zip Code
MCKINNEY TX 75070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122866

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
FRANK HARDESTY

Mailing Address 1101 WATER POINTE LANE

City State Zip Code
RESTON VA 20194

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.122868

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ 5200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GERRY HARKINS

Mailing Address **13599 PERDIDO KEY DR
T**

City **PENSACOLA** State **FL** Zip Code **32507**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122876

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
JOHN HARMER

Mailing Address **P.O. BOX 721**

City **BOUNTIFUL** State **UT** Zip Code **84011**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122878

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	5

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
KEITH HARMON

Mailing Address **2411 N 68TH STREET**

City **WAUWATOSA** State **WI** Zip Code **53213**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **N/A**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122880

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **1500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CURTIS HARRIS

Mailing Address 19940 COUNTY ROAD 15

City	State	Zip Code
ADA	OK	74820

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122888

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			23			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CURTIS HARRIS

Mailing Address 19940 COUNTY ROAD 15

City	State	Zip Code
ADA	OK	74820

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122889

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			23			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CYNTHIA C HARRIS

Mailing Address 18235 W BURLEIGH RD

City	State	Zip Code
BROOKFIELD	WI	53045

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122891

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRANK HARRIS

Mailing Address 7425 PELICAN BAY BLV
2

City State Zip Code
NAPLES FL 34108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122892

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
FRANK HARRIS

Mailing Address 7425 PELICAN BAY BLV
2

City State Zip Code
NAPLES FL 34108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.122893

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JUSTIN HARRIS

Mailing Address 145 PLEASANT ST.

City State Zip Code
WEST FORK AR 72774

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE OF ARKANSAS AR STATE REPRESENTATIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122895

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 450.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEN HARRIS

Mailing Address 5301 GULF BLVD E610

City State Zip Code
ST PETE BEACH FL 33706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122897

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NATHANIE HARRIS

Mailing Address 205 POWELL PL

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122899

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PHILLIP HARRIS

Mailing Address 1613 JULIE ST

City State Zip Code
UNION CITY TN 38261

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VAUGHN ELECTRIC CO. ELECTRICAL CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122901

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
R JEFFRE J HARRIS

Mailing Address 18235 W BURLEIGH RD

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122903

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
R JEFFRE J HARRIS

Mailing Address 18235 W BURLEIGH RD

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122904

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WALLACE HARRIS

Mailing Address 4447 WOODLAND HILLS CIRCLE

City State Zip Code
PINSON AL 35126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122905

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 5500.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT HARRISON

Mailing Address **9640 MITCHELL PL**

City **BRENTWOOD** State **TN** Zip Code **37027**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RED CLOUD INC.** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122913

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			06			2015			

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM HARRISON

Mailing Address **16038 MESA VERDE DR**

City **HOUSTON** State **TX** Zip Code **77059**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122914

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			26			2015			

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
CURTIS HARSHAW

Mailing Address **2110 WESTFIELD ST**

City **GRAND PRAIRIE** State **TX** Zip Code **75050**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HERSHAM ASSET MGMT** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122916

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			11			2015			

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶

600.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
J STEVEN HART

Mailing Address **3823 FORDHAM RD NW**

City **WASHINGTON** State **DC** Zip Code **20016**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WILLIAMS & JENSEN PLLC** Occupation **LAWYER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122918

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
KELLY HART

Mailing Address **939 N 2ND ST**

City **ROCKFORD** State **IL** Zip Code **61107**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MARTIN AUTOMATIC INC.** Occupation **COMMUNICATIONS & ADVERTS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122920

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
R. HART

Mailing Address **5650 W QUINCY AVE UNIT**

City **DENVER** State **CO** Zip Code **80235**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122922

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			23			2015			

Amount of Each Receipt this Period

300.00

Subtotal Of Receipts This Page (optional)..... **4000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VICKI HART

Mailing Address **3823 FORDHAM RD NW**

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HART HEALTH STRATEGIES HEALTH POLICY CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122924

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
L HARTLINE

Mailing Address **30 OLD STATE RD**

City State Zip Code
READING PA 19606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122926

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
BERNARD HARTMAN

Mailing Address **108 LARISA LN**

City State Zip Code
ITHACA NY 14850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122927

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **3100.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL HARTUNG

Mailing Address **708 HEARTLAND TRAIL**

City	State	Zip Code
MADISON	WI	53717

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HARTUNG BROTHERS INC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : **SA17A.122929**

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
STEVEN HARTUNG

Mailing Address **990 S SPRINGDALE ROAD**

City	State	Zip Code
WAUKESHA	WI	53186

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HARTUNG BROTHERS, INC.	CHIEF LEGAL OFFICER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : **SA17A.122931**

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM HARVIE

Mailing Address **9747 PEBBLE BEACH DR**

City	State	Zip Code
SANTEE	CA	92071

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
TORREY PINES HIGH SCHOOL	PHYSICS TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : **SA17A.122933**

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **6400.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 676 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LORRAINE HARWELL

Mailing Address 5913 VALLEYBROOK DRIVE

City	State	Zip Code
PLANO	TX	75093

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.122935

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM HARWOOD

Mailing Address 15295 WESTOVER ROAD

City	State	Zip Code
ELM GROVE	WI	53122

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
N/A	N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.122937

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Amount of Each Receipt this Period

_____ 2700.00

C. Full Name (Last, First, Middle Initial)
JOHN H HASLEY

Mailing Address 8029 S BRIDGE WAY

City	State	Zip Code
MAUMEE	OH	43537

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.122939

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

_____ 300.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3250.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GRETCHEN HASS

Mailing Address 18124 WEDGE PARKWAY

City	State	Zip Code
RENO	NV	89511

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.122941

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Receipt this Period

_____ 500.00

B. Full Name (Last, First, Middle Initial)
W. E HASSINGER

Mailing Address 305 W AVONDALE DR

City	State	Zip Code
GREENSBORO	NC	27403

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation INVESTOR
-----------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 360.00

Transaction ID : SA17A.122942

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

_____ 180.00

C. Full Name (Last, First, Middle Initial)
JANINE HATFIELD

Mailing Address 270 COUNTRY RD

City	State	Zip Code
UNION	SC	29379

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1500.00

Transaction ID : SA17A.122944

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

_____ 1500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 2180.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL F HAUGHTON

Mailing Address **144 BUTTERNUT RD**

City **TROUTMAN** State **NC** Zip Code **28166**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122951

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

2	7	0	0	.	0	0
---	---	---	---	---	---	---

B. Full Name (Last, First, Middle Initial)
GARY HAUSER

Mailing Address **3735 COMMENCEMENT BAY D**

City **TACOMA** State **WA** Zip Code **98407**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122953

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

C. Full Name (Last, First, Middle Initial)
GARY HAUSER

Mailing Address **3735 COMMENCEMENT BAY D**

City **TACOMA** State **WA** Zip Code **98407**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122954

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	5

Amount of Each Receipt this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Subtotal Of Receipts This Page (optional).....

3	2	0	0	.	0	0
---	---	---	---	---	---	---

Total This Period (last page this line number only).....

3	2	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KATHERIN HAUSKE

Mailing Address 900 W BRADLEY RD

City State Zip Code
RIVER HILLS WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122956

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
THOMAS J HAUSKE

Mailing Address 900 W BRADLEY RD

City State Zip Code
MILWAUKEE WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EVERETT SMITH GROUP EXEC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122958

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
THOMAS J HAUSKE

Mailing Address 900 W BRADLEY RD

City State Zip Code
MILWAUKEE WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EVERETT SMITH GROUP EXEC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122959

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NANCY R HAUSMANN

Mailing Address 4728 SUMAC ROAD

City	State	Zip Code
MIDDLETON	WI	53562

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.122961

Date of Receipt

M M / D D / Y Y Y Y
08 / 26 / 2015

Amount of Each Receipt this Period

_____ 2700.00

B. Full Name (Last, First, Middle Initial)
JULIAN HAWES

Mailing Address 14125 W BRAEMORE CLO

City	State	Zip Code
LIBERTYVILLE	IL	60048

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.122963

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

_____ 250.00

C. Full Name (Last, First, Middle Initial)
THOMAS HAWK

Mailing Address 105 MCKELLAR ST

City	State	Zip Code
LINCOLNTON	NC	28092

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.122964

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period

_____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3050.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BEN HAWKINS

Mailing Address 38 RIDGE VIEW DR

City State Zip Code
ATGLEN PA 19310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INTERNATIONAL BUSINESS MACHINES SALES EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.122965

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
EDITH P HAWKINS

Mailing Address 12 W SHADY LN

City State Zip Code
HOUSTON TX 77063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122967

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES HAWKINS

Mailing Address 1020 LAKESIDE DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.122969

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES HAWKINS

Mailing Address 1020 LAKESIDE DRIVE

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.122970

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MARK HAWLEY

Mailing Address 230 ROOSEVELT STREET

City State Zip Code
FOND DU LAC WI 54935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
J & H CONTROLS, INC. BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122971

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
NANCY HAYER

Mailing Address 907 COVENTRY PLACE

City State Zip Code
EDINA MN 55435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PARK NICOLLET SPEECH PATHOLOGY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.115682

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-50.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 2800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NANCY HAYER

Mailing Address 907 COVENTRY PLACE

City	State	Zip Code
EDINA	MN	55435

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PARK NICOLLET	SPEECH PATHOLOGY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 50.00

Transaction ID : SA17A.115683

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			23			2015			

REDESIGNATED

Amount of Each Receipt this Period
 _____ 50.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NANCY HAYER

Mailing Address 907 COVENTRY PLACE

City	State	Zip Code
EDINA	MN	55435

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PARK NICOLLET	SPEECH PATHOLOGY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2750.00

Transaction ID : SA17A.122972

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			06			2015			

Amount of Each Receipt this Period
 _____ 2700.00

C. Full Name (Last, First, Middle Initial)
DAVID HAYES

Mailing Address 740 OCEAN AVE

City	State	Zip Code
NEW LONDON	CT	06320

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.122974

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 2950.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID HAYES

Mailing Address 740 OCEAN AVE

City State Zip Code
NEW LONDON CT 06320

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Transaction ID : SA17A.122975

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
ROBERT HAYES

Mailing Address PO BOX 954

City State Zip Code
CONCORD NC 28026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122977

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SHARON HAYHOE

Mailing Address 1851 PARK SKYLINE RD

City State Zip Code
SANTA ANA CA 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122978

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 686 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WALTER HAYHURST

Mailing Address 45902 ROAD 144

City	State	Zip Code
ORANGE COVE	CA	93646

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122980

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
DANNY HAYNES

Mailing Address 5305 E STATE RD 67

City	State	Zip Code
CLINTON	WI	53525

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation REAL ESTATE
-----------------------------------	---------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122982

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
HOWARD HAYNES

Mailing Address 9061 WINTER SPRING DRIVE

City	State	Zip Code
MECHANICSVILLE	VA	23116

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122984

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KENNETH HAYNES

Mailing Address **3808 THADEUS CT**

City State Zip Code
LEXINGTON KY 40509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122985

Date of Receipt

07 / 28 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
WILLIAM HAYNES

Mailing Address **40 CENTRAL PARK SOUTH**

City State Zip Code
NEW YORK NY 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.122987

Date of Receipt

07 / 28 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
CAROL S HAYS

Mailing Address **2150 S OCEAN BOULEVARD**

City State Zip Code
DELRAY BEACH FL 33483

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.122989

Date of Receipt

08 / 18 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **1600.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD HAYS

Mailing Address 2337 MASONIC DR

City State Zip Code
SEWICKLEY PA 15143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.122990

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
ROBERT HAYS

Mailing Address 2040 LAKESHORE DR

City State Zip Code
AGOURA HILLS CA 91301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.122992

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JOHN HAZLETT

Mailing Address 725 GALLOWAY DR

City State Zip Code
FAYETTEVILLE NC 28303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.122993

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

200.00

Subtotal Of Receipts This Page (optional).....▶ 550.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS J HEALEY

Mailing Address 108 CORNWELL HL

City State Zip Code
MARSHFIELD MA 02050

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ALLETESS INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122995

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CHRISTOP HEALY

Mailing Address 27 DORCHESTER RD

City State Zip Code
WETHERSFIELD CT 06109

FEC ID number of contributing federal political committee.

Name of Employer Occupation
STATE OF CONNECTICUT LEGISLATIVE EMPLOYEE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122997

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
TIMOTHY J HEALY

Mailing Address 1200 5TH AVE

City State Zip Code
NEW YORK NY 10029

FEC ID number of contributing federal political committee.

Name of Employer Occupation
THE HEALTH GROUP LLC CIO FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.122999

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD P HEARDEN

Mailing Address **2269 TORDEUR CT**

City	State	Zip Code
GREEN BAY	WI	54311

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FIRSTMERIT BANK	SENIOR VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.123001

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
JOHN HEATER

Mailing Address **106 BIRCH STREET**

City	State	Zip Code
GASSAWAY	WV	26624

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GO-MART INC	MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.123003

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

_____ 1000.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER HEBERER

Mailing Address **3429 TWIN OAKS COURT**

City	State	Zip Code
WEST BLOOMFIELD	MI	48324

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 203.00

Transaction ID : SA17A.123005

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

_____ 203.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1453.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES HECKLER

Mailing Address **BOX 210602**

City	State	Zip Code
AUKE BAY	AK	99821

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.123007

Date of Receipt

M M / D D / Y Y Y Y
06 / 21 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
DALE HEDRICK

Mailing Address **2200 CENTREPARK WEST DRIVE**

City	State	Zip Code
WEST PALM BEACH	FL	33509

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HEDRICK BROTHERS	GENERAL CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.123009

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Receipt this Period

_____ 500.00

C. Full Name (Last, First, Middle Initial)
BARBARA J HEGWOOD

Mailing Address **S79W36855 WILTON RD**

City	State	Zip Code
EAGLE	WI	53119

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.123011

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

_____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1250.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN HEIDEN

Mailing Address 162 PARKS ROAD

City	State	Zip Code
JACKSON	MS	39212

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HEIDEN& GARLAND	INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123013

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
LEONARD J HEIDT

Mailing Address 16563 OTTER LANE NE

City	State	Zip Code
MOUNT ANGEL	OR	97362

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123015

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
THOMAS HEIGLE

Mailing Address 15462 COVEY CIRCLE

City	State	Zip Code
AMISSVILLE	VA	20106

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
THE AEROSPACE CORP	SYSTEMS ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123017

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LEE HEINE

Mailing Address **P.O. BOX 181**

City State Zip Code
HILLSBORO WI 54634

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123025

Date of Receipt

07 / 21 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
KATRINA HEINRICH STEINBERG

Mailing Address **34708 VISTA DEL SOL**

City State Zip Code
RANCHO MIRAGE CA 92270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123027

Date of Receipt

07 / 20 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
FRED C HEITMAN

Mailing Address **2830 E CORONADO ST**

City State Zip Code
ANAHEIM CA 92806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEITMAN HOLDINGS INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123029

Date of Receipt

07 / 21 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **1000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GREGORY HEKEL

Mailing Address 10290 FRIENDSHIP CT

City State Zip Code
FAIRFAX VA 22032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.123030

Date of Receipt

09 / 04 / 2015

Amount of Each Receipt this Period

30.00

B. Full Name (Last, First, Middle Initial)
GREGORY HEKEL

Mailing Address 10290 FRIENDSHIP CT

City State Zip Code
FAIRFAX VA 22032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123031

Date of Receipt

09 / 07 / 2015

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
MICHAEL HELLAND

Mailing Address 1221 24TH ST NW APT 506

City State Zip Code
WASHINGTON DC 20037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US DEPT. OF HHS STAFF ASST.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123033

Date of Receipt

08 / 12 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 560.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GERARD HELLEBUSCH

Mailing Address 143 COUNTRY RIDGE LN

City State Zip Code
WASHINGTON MO 63090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GH TOOL & MOLD BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123035

Date of Receipt

06 / **19** / **2015**

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
GERARD HELLEBUSCH

Mailing Address 143 COUNTRY RIDGE LN

City State Zip Code
WASHINGTON MO 63090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GH TOOL & MOLD BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.123036

Date of Receipt

07 / **14** / **2015**

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
GERARD HELLEBUSCH

Mailing Address 143 COUNTRY RIDGE LN

City State Zip Code
WASHINGTON MO 63090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GH TOOL & MOLD BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Transaction ID : SA17A.123037

Date of Receipt

07 / **29** / **2015**

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ **850.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN HELMKAMP

Mailing Address 4900 MANITOU TRAIL

City State Zip Code
GODFREY IL 62035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
330.00

Transaction ID : SA17A.123045

Date of Receipt

07 / **20** / **2015**

Amount of Each Receipt this Period

330.00

B. Full Name (Last, First, Middle Initial)
BILL HEMRICK

Mailing Address 236 GARDENRIDGE DR

City State Zip Code
FRANKLIN TN 37069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123047

Date of Receipt

07 / **24** / **2015**

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
CHARLES HENDERSON

Mailing Address 9 SLEEPY HOLLOW LANE

City State Zip Code
NEWTOWN SQUARE PA 19073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INSURANCE CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123049

Date of Receipt

07 / **13** / **2015**

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **1330.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES B HENDERSON

Mailing Address 1195 LA MOREE RD SPC 34

City State Zip Code
SAN MARCOS CA 92078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.123050

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

20.00

B. Full Name (Last, First, Middle Initial)
CHARLES B HENDERSON

Mailing Address 1195 LA MOREE RD SPC 34

City State Zip Code
SAN MARCOS CA 92078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245.00

Transaction ID : SA17A.123051

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
CHARLES B HENDERSON

Mailing Address 1195 LA MOREE RD SPC 34

City State Zip Code
SAN MARCOS CA 92078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
265.00

Transaction ID : SA17A.123052

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2015

Amount of Each Receipt this Period

20.00

Subtotal Of Receipts This Page (optional).....▶ 65.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 701 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK HENDERSON

Mailing Address **5750 NELSON DR**

City **HUDSONVILLE** State **MI** Zip Code **49426**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NU-WOOL CO., INC.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.123058

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
STEVEN HENDERSON

Mailing Address **7 MAKAN ROAD**

City **MONROE** State **NY** Zip Code **10950**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123060

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THOMAS HENDRICKS

Mailing Address **9112 CORAL COVE DRIVE**

City **DALLAS** State **TX** Zip Code **75243**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123062

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALLEN HENDRYX

Mailing Address **PO BOX 191**

City State Zip Code
ROCK FALLS IL 61071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.123064

Date of Receipt
M M / D D / Y Y Y Y
07 27 2015

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
DANIEL HENKEL

Mailing Address **69 W MINGES RD**

City State Zip Code
BATTLE CREEK MI 49015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HENKEL CHRY JEEP VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123066

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
EVERETT HENNING

Mailing Address **19706 HENNING RD**

City State Zip Code
KIEL WI 53042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123068

Date of Receipt
M M / D D / Y Y Y Y
08 23 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1650.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CAROL HENRICHS

Mailing Address **13403 EDGE WOOD LN**

City **HIGHLAND** State **IL** Zip Code **62249**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123070

Date of Receipt
 M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CAROL HENRICHS

Mailing Address **13403 EDGE WOOD LN**

City **HIGHLAND** State **IL** Zip Code **62249**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123071

Date of Receipt
 M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WARNER HENRY

Mailing Address **800 W 6TH STREET, STE 310**

City **LOS ANGELES** State **CA** Zip Code **90017**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE HENRY WIRE GROUP** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123073

Date of Receipt
 M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
2500.00

Subtotal Of Receipts This Page (optional).....▶ **3250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WARNER HENRY

Mailing Address **800 W 6TH STREET, STE 310**

City State Zip Code
LOS ANGELES CA 90017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE HENRY WIRE GROUP CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7900.00

Transaction ID : SA17A.123074

Date of Receipt
M M / D D / Y Y Y Y
07 29 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
WARNER HENRY

Mailing Address **800 W 6TH STREET, STE 310**

City State Zip Code
LOS ANGELES CA 90017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE HENRY WIRE GROUP CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128901

Date of Receipt
M M / D D / Y Y Y Y
07 29 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-5200.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WARNER HENRY

Mailing Address **800 W 6TH STREET, STE 310**

City State Zip Code
LOS ANGELES CA 90017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE HENRY WIRE GROUP CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7900.00

Transaction ID : SA17A.128902

Date of Receipt
M M / D D / Y Y Y Y
07 29 2015

REDESIGNATED

Amount of Each Receipt this Period
5200.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BILL E HENSON

Mailing Address 300 SILVERCREEK CT

City	State	Zip Code
FRANKLIN	TN	37069

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SILVERPOINTE PROPERTIES	REAL ESTATE AGENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.123076

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

_____ 500.00

B. Full Name (Last, First, Middle Initial)
KATHRYN K HENTZEN

Mailing Address 9728 N LAKE DRIVE

City	State	Zip Code
BAYSIDE	WI	53217

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Transaction ID : SA17A.123078

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period

_____ 400.00

C. Full Name (Last, First, Middle Initial)
GAVIN HERBERT

Mailing Address 2301 SAN JOAQUIN HIL

City	State	Zip Code
CORONA DEL MA	CA	92625

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 10800.00

Transaction ID : SA17A.123080

Date of Receipt

M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period

_____ 10800.00

Subtotal Of Receipts This Page (optional).....▶ _____ 11700.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GAVIN HERBERT

Mailing Address 2301 SAN JOAQUIN HIL

City State Zip Code
CORONA DEL MA CA 92625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123081

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GAVIN HERBERT

Mailing Address 2301 SAN JOAQUIN HIL

City State Zip Code
CORONA DEL MA CA 92625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123082

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GAVIN HERBERT

Mailing Address 2301 SAN JOAQUIN HIL

City State Zip Code
CORONA DEL MA CA 92625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123083

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NINETTA HERBERT

Mailing Address 2301 SAN JOAQUIN HIL

City State Zip Code
CORONA DEL MA CA 92625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123085

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NINETTA HERBERT

Mailing Address 2301 SAN JOAQUIN HIL

City State Zip Code
CORONA DEL MA CA 92625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123086

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
NINETTA HERBERT

Mailing Address 2301 SAN JOAQUIN HIL

City State Zip Code
CORONA DEL MA CA 92625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123087

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRIAN HERBSTITT

Mailing Address 737 KEYSTONE AVENUE

City State Zip Code
RIVER FOREST IL 60305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123089

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
SHIRLEY HERGE

Mailing Address 4976 CHAMPIONSHIP CU

City State Zip Code
SPRING HILL FL 34609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123091

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES HERICKHOFF

Mailing Address 5123 E COUNTY ROAD 52

City State Zip Code
FORT COLLINS CO 80524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123093

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEFFREY HERMAN

Mailing Address 10002 AURORA AVENUE NORTH SUITE 36

City	State	Zip Code
SEATTLE	WA	98133

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HERMAN LAW FIRM PLLC	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123095

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
KEVIN HERMENING

Mailing Address 2245 COUNTY RD KK

City	State	Zip Code
MOSINEE	WI	54455

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	FINANCIAL PLANNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123097

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1350.00"/>

C. Full Name (Last, First, Middle Initial)
NANCY HERNANDEZ

Mailing Address 424 W RAVINE BAYE RD UNIT 4A

City	State	Zip Code
BAYSIDE	WI	53217

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ABRAZO	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123099

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BENJAMIN H HERNDON

Mailing Address 5709 BIRCHBROOK CIRCLE

City	State	Zip Code
GREENSBORO	NC	27410

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CLAYTON HOMES	FIELD OPERATIONS MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123101

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
NANCY HERRINGTON

Mailing Address PO BOX 1856

City	State	Zip Code
RANCHO SANTA FE	CA	92067

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123103

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

C. Full Name (Last, First, Middle Initial)
STEPHEN HERSON

Mailing Address 146 WHITNEY HILL RD

City	State	Zip Code
TUNBRIDGE	VT	05077

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123104

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEPHEN HERSON

Mailing Address 146 WHITNEY HILL RD

City State Zip Code
TUNBRIDGE VT 05077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
255.00

Transaction ID : SA17A.123105

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
STEPHEN HERSON

Mailing Address 146 WHITNEY HILL RD

City State Zip Code
TUNBRIDGE VT 05077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
330.00

Transaction ID : SA17A.123106

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
STEPHEN HERSON

Mailing Address 146 WHITNEY HILL RD

City State Zip Code
TUNBRIDGE VT 05077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
405.00

Transaction ID : SA17A.123107

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BERNARD R HERTEL

Mailing Address 18320 TILTON LN

City	State	Zip Code
BROOKFIELD	WI	53045

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GROUP BENEFIT SERVICES INC	BENEFIT CONSUTLANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123109

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ROGER HERTO

Mailing Address 1040 5TH AVE

City	State	Zip Code
NEW YORK	NY	10028

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123111

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SUSAN HERTO

Mailing Address 1040 5TH AVE

City	State	Zip Code
NEW YORK	NY	10028

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	WRITER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123113

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) RENEE K HERZING Mailing Address 4090 N LAKE DRIVE City SHOREWOOD State WI Zip Code 53211 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		Transaction ID : SA17A.123115 Date of Receipt <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="1000.00"/>
B. Full Name (Last, First, Middle Initial) RENEE K HERZING Mailing Address 4090 N LAKE DRIVE City SHOREWOOD State WI Zip Code 53211 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2000.00"/>		Transaction ID : SA17A.123116 Date of Receipt <input type="text" value="08"/> / <input type="text" value="18"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="1000.00"/>
C. Full Name (Last, First, Middle Initial) ROBERT HESLEP Mailing Address 285 HANCOCK LANE City ATHENS State GA Zip Code 30605 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.123118 Date of Receipt <input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALAN HESS

Mailing Address 150 N. MAIN STREET

City	State	Zip Code
BOUNTIFUL	UT	84010

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HESS TRAVEL	MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123119

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RICHARD B HEWITT

Mailing Address 2551 IVY ROAD

City	State	Zip Code
CHARLOTTESVIL	VA	22903

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SEMINOLE TRAIL PROPERTIES	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123121

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ROBERT J HEWITT

Mailing Address PO BOX 400

City	State	Zip Code
VICTORIA	TX	77902

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	OIL. GAS & INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123123

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRIAN HEYWOOD

Mailing Address 12025 154TH PLACE NE

City State Zip Code
REDMOND WA 98052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128900

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROD HIERONYMUS

Mailing Address PO BOX 31279

City State Zip Code
OMAHA NE 68131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TKC AEROSPACE AIR TRAFFIC CONTROLLER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123129

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
TIM HIGGINS

Mailing Address 909 CAMBRIDGE COURT

City State Zip Code
APPLETON WI 54915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHIRHO SERVICES CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123131

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRIAN HIGHLANDER

Mailing Address **N74W28862 ZIMMERS XING**

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VIKING ELECTRIC SUPPLY INDUSTRIAL SALES MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.123132

Date of Receipt

07 / 29 / 2015

Amount of Each Receipt this Period

103.00

B. Full Name (Last, First, Middle Initial)
BRIAN HIGHLANDER

Mailing Address **N74W28862 ZIMMERS XING**

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VIKING ELECTRIC SUPPLY INDUSTRIAL SALES MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253.00

Transaction ID : SA17A.123133

Date of Receipt

09 / 10 / 2015

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
WILLIAM HILGEMANN

Mailing Address **C2122 BALSAM RD/PO BOX 86**

City State Zip Code
STRATFORD WI 54484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
A&B PROCESS SYSTEMS CORP OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123135

Date of Receipt

07 / 21 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **1153.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ARTHUR HILL

Mailing Address 1675 BIRCH ST

City	State	Zip Code
GREEN BAY	WI	54304

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123137

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
GERALD HILL

Mailing Address 3 TERRABELLA LANE

City	State	Zip Code
HEATH	TX	75032

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123139

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JEFF HILL

Mailing Address 104 REAGAN CT

City	State	Zip Code
VENTURA	CA	93003

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123141

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS HILL

Mailing Address **4841 WESTCHESTER DR**
1

City **AUSTINTOWN** State **OH** Zip Code **44515**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ERIC PETROLEUM CORPORATION** Occupation **GENERAL COUNSEL**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123142

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
WILLIAM HILLEGASS

Mailing Address **427 3RD STREET NORTH**

City **JACKSONVILLE BEACH** State **FL** Zip Code **32250**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123144

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GEORGE M HILLENBRAN

Mailing Address **330 MITCHELL AVE**

City **BATESVILLE** State **IN** Zip Code **47006**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123146

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GENEVIEVE HILLIS

Mailing Address **21 E HURON STREET, #1705**

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DIRECT SUPPLY DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123153

Date of Receipt
M M / D D / Y Y Y Y
07 01 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
GENEVIEVE HILLIS

Mailing Address **2510 N 90TH STREET**

City State Zip Code
WAUWATOSA WI 53226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-2700.00

Transaction ID : SA17A.128694

Date of Receipt
M M / D D / Y Y Y Y
07 01 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JENNIFER F HILLIS

Mailing Address **951 E WYE LANE**

City State Zip Code
FOX POINT WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123155

Date of Receipt
M M / D D / Y Y Y Y
08 26 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN HINCHLIFFE

Mailing Address 3344 DAKOTA WAY

City State Zip Code
LAS VEGAS NV 89169

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123157

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
EVELYN HINE

Mailing Address 25702 APACHE CREEK

City State Zip Code
SAN ANTONIO TX 78260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128898

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GILBERT HINE

Mailing Address 25702 APACHE CREEK

City State Zip Code
SAN ANTONIO TX 78260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123159

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GILBERT HINE

Mailing Address **25702 APACHE CREEK**

City State Zip Code
SAN ANTONIO TX 78260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128896

Date of Receipt
M M / D D / Y Y Y Y
08 01 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LARRY W HINES

Mailing Address **335 W CIRCLE DR**

City State Zip Code
MUSKEGON MI 49445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HINES CORPORATION OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123161

Date of Receipt
M M / D D / Y Y Y Y
07 21 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ELMER HINKLE

Mailing Address **13251 BODEGA TRAIL**

City State Zip Code
FRISCO TX 75035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123163

Date of Receipt
M M / D D / Y Y Y Y
07 20 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HARRY HINKLE

Mailing Address 3875 LINDSEY RD. NE

City State Zip Code
MARIETTA GA 30067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123165

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DUSTIN HINTON

Mailing Address W132 N6475 MARACH

City State Zip Code
MENOMONEE FALLS WI 53051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNITED HEALTHCARE CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123167

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
KAREN HIRN

Mailing Address 334 E 1ST ST

City State Zip Code
GENOA IL 60135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123169

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ 2500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MORDECHA HIRSCH

Mailing Address 152 STRATFORD PL.

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123171

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MORDECHA HIRSCH

Mailing Address 152 STRATFORD PL.

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123172

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MORDECHA HIRSCH

Mailing Address 152 STRATFORD PL.

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123173

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY HIRT

Mailing Address 3813 SE 21ST PLACE

City	State	Zip Code
CAPE CORAL	FL	33904

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.123175

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 1000.00

B. Full Name (Last, First, Middle Initial)
GRACE HIRTE

Mailing Address 1014 RACINE ST.

City	State	Zip Code
DELANAN	WI	53115

FEC ID number of contributing federal political committee.

Name of Employer DELANAN CHRISTIAN SCHOOL	Occupation ADMINISTRATOR
--	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Transaction ID : SA17A.123176

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 250.00

C. Full Name (Last, First, Middle Initial)
RUSSELL HISSOM

Mailing Address 6930 DONNYBILL ROAD

City	State	Zip Code
DEFOREST	WI	53532

FEC ID number of contributing federal political committee.

Name of Employer BAKER TILLY	Occupation CONSULTANT
---------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.123178

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 250.00

Subtotal Of Receipts This Page (optional)..... 1500.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PHILIP HIXON

Mailing Address **24 SPYGLASS CIRCLE**

City State Zip Code
RANCHO MIRAGE CA 92270

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123180

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DAN HL

Mailing Address **W285N3440 CONSERVANC**

City State Zip Code
PEWAUKEE WI 53072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NOBLE MEDICAL, INC. BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123182

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WADE HOBBS

Mailing Address **5713 MONALEE AVE**

City State Zip Code
SACRAMENTO CA 95819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FED HIGHWAY ADMIN CIVIL SERVICE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123184

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN HOCHBERGER

Mailing Address **6311 KIRK STREET**

City State Zip Code
WESTON WI 54476

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123186

Date of Receipt

08 / 12 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
EDWARD HOCHMAN

Mailing Address **225 EAST 57TH STREET**

City State Zip Code
NEW YORK NY 10022-2822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.123187

Date of Receipt

07 / 21 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
DALE HODGES

Mailing Address **6533 ORLAND ST**

City State Zip Code
FALLS CHURCH VA 22043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123189

Date of Receipt

06 / 30 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **1350.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRED HODGES

Mailing Address **240 TUCKAHOE LN**

City	State	Zip Code
MEMPHIS	TN	38117

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123191

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
LARRY HOEDL

Mailing Address **5006 SHELLYE COURT**

City	State	Zip Code
ORLANDO	FL	32807

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123193

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
RICHARD HOENER

Mailing Address **9641 LEE BLVD**

City	State	Zip Code
LEAWOOD	KS	66206

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123195

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID HOFF

Mailing Address **PO BOX 370**

City State Zip Code
WOODY CREEK CO 81656

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123197

Date of Receipt
M M / D D / Y Y Y Y
07 30 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JAMES HOFFA

Mailing Address **1800 TRANSPORT AVE**

City State Zip Code
MEMPHIS TN 38116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEST TENNESSEE ORNAMENTAL DOOR PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.123198

Date of Receipt
M M / D D / Y Y Y Y
08 06 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
RICHARD HOFFMANN

Mailing Address **4145 LONGKNIFE ROAD**

City State Zip Code
RENO NV 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123200

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD HOFFMANN

Mailing Address 4145 LONGKNIFE ROAD

City State Zip Code
RENO NV 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.123201

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
JANET HOGAN

Mailing Address 2510 N 90TH STREET

City State Zip Code
WAUWATOSA WI 53226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128689

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARK HOGAN

Mailing Address 2510 N 90TH STREET

City State Zip Code
WAUWATOSA WI 53226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BMO HARRIS BANK BANKING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123203

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5450.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK HOGAN

Mailing Address **2510 N 90TH STREET**

City WAUWATOSA	State WI	Zip Code 53226
--------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BMO HARRIS BANK	Occupation BANKING
--	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128687

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PATRICK HOLAIN

Mailing Address **N2491 CHIANTI COURT**

City LAKE GENEVA	State WI	Zip Code 53147
----------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123205

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KENNETH HOLBERT

Mailing Address **130 LAUREL**

City SMYRNA	State TN	Zip Code 37167
-----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation N/A
--------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123207

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD HOLDER

Mailing Address PO BOX 4190

City State Zip Code
MIDWAY KY 40347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123209

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PATRICK W HOLIAN

Mailing Address N2491 CHIANTI CT

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOLIAN INSULATION COMPANY VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123211

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STEPHEN HOLLANDER

Mailing Address 3723 RUNNYMEDE DRIVE

City State Zip Code
SAINT CHARLES MO 63301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BUILDERS DESIGN - HOLLANDER ARCHITECTS ARCHITECT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.123212

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 525.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 734 / 2684			
	<input type="checkbox"/> 16 19a	<input checked="" type="checkbox"/> 17a 19b	<input type="checkbox"/> 17b 20a	<input type="checkbox"/> 17c 20b	<input type="checkbox"/> 17d 20c	<input type="checkbox"/> 18 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) DONALD HOLMBERG			Transaction ID : SA17A.123217 Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2015		
Mailing Address 1224 RICHMOND LANE City State Zip Code WILMETTE IL 60091			Amount of Each Receipt this Period _____ 350.00		
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation GCM GROSVENOR DIRECTOR			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 350.00			
B. Full Name (Last, First, Middle Initial) E. HOLROYDE			Transaction ID : SA17A.123219 Date of Receipt M M / D D / Y Y Y Y 09 / 03 / 2015		
Mailing Address 1 ACACIA DRIVE City State Zip Code BEL TIBURON CA 94920			Amount of Each Receipt this Period _____ 400.00		
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation RETIRED RETIRED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 400.00			
C. Full Name (Last, First, Middle Initial) THOMAS HOLSINGER			Transaction ID : SA17A.123221 Date of Receipt M M / D D / Y Y Y Y 09 / 19 / 2015		
Mailing Address 340 NORTH AVENUE City State Zip Code TURLOCK CA 95382			Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C _____		Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1000.00			

Subtotal Of Receipts This Page (optional).....▶ _____ 1750.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALYN HOLT

Mailing Address **10 HESSIAN WAY**

City	State	Zip Code
CHERRY HILL	NJ	08003

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INTEST CORP	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 3000.00

Transaction ID : SA17A.123223

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

_____ 3000.00

B. Full Name (Last, First, Middle Initial)
ALYN HOLT

Mailing Address **10 HESSIAN WAY**

City	State	Zip Code
CHERRY HILL	NJ	08003

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INTEST CORP	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128813

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

_____ -300.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ALYN HOLT

Mailing Address **10 HESSIAN WAY**

City	State	Zip Code
CHERRY HILL	NJ	08003

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INTEST CORP	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 3000.00

Transaction ID : SA17A.128814

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

REDESIGNATED

Amount of Each Receipt this Period

_____ 300.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶

_____ 3000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KRISTIN HOLZMAN

Mailing Address **2567 IVY CREEK FARM ROA**

City **CHARLOTTESVIL** State **VA** Zip Code **22903**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRINCE MICHAEL WINERY** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123225

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
GERALD HOMMES

Mailing Address **6180 LANEWOOD LANE**

City **PLYMOUTH** State **MN** Zip Code **55446**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123227

Date of Receipt
M M / D D / Y Y Y Y
06 / 20 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JON HOMSTAD

Mailing Address **6825 GRENADIER BLVD APT**

City **NAPLES** State **FL** Zip Code **34108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123229

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 737 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEPHEN HONEYCUTT

Mailing Address 2881 PENNYROYAL DR

City	State	Zip Code
CHICO	CA	95928

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GUILLON INC.	CONSTRUCTION MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123230

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
HAROLD S HOOK

Mailing Address 101 WESTCOTT ST

City	State	Zip Code
HOUSTON	TX	77007

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123232

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JEFF HOOK

Mailing Address 1007 EAGLE RIDGE DRIVE

City	State	Zip Code
FINDLAY	OH	45840

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123234

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD HOOPER

Mailing Address 12172 TRYTON WAY

City State Zip Code
RESTON VA 20190

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COMPUTER SCIENCES CORPORATION SENIOR MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123236

Date of Receipt

M M / D D / Y Y Y Y
06 / 27 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JOHN B HOOVER

Mailing Address 14753 WEXHALL TER

City State Zip Code
BURTONSVILLE MD 20866

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123238

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
SAMUEL N HOPE

Mailing Address 6432 UPPER PKWY N

City State Zip Code
WAUWATOSA WI 53213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOPE DISPENSING SYSTEMS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123240

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID HORAK

Mailing Address **1821 W REID DRIVE**

City **APPLETON** State **WI** Zip Code **54914**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RADIOLOGY ASSOCIATES OF FOX VALLEY** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123242

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
RICHARD D HORAK

Mailing Address **1908 HARBOURSIDE DRIVE**

City **LONGBOAT KEY** State **FL** Zip Code **34228**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123244

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ALLEN HORD

Mailing Address **1662 MONTCLIFF CT**

City **DECATUR** State **GA** Zip Code **30033**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PHYSICIAN** Occupation **ASPC**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123246

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **1750.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) ALLEU HORD		Transaction ID : SA17A.123248																					
Mailing Address 1662 MOUNTCLIFF COURT		Date of Receipt																					
City DECATUR State GA Zip Code 30033		<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>07</td><td></td><td></td><td>13</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			13			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			13			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer ALLANCE SPINE	Occupation PHYSICIAN	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>500.00</td> </tr> </table>																					500.00
									500.00														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>500.00</td> </tr> </table>																					500.00
									500.00														

B. Full Name (Last, First, Middle Initial) RUBLE HORD		Transaction ID : SA17A.123250																					
Mailing Address 131 RUNNING PNE		Date of Receipt																					
City RICHMOND State VA Zip Code 23238		<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>07</td><td></td><td></td><td>31</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			31			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			31			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer NORTHWESTERN MUTUAL	Occupation FINANCIAL REPRESENTATIVE	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>253.00</td> </tr> </table>																					253.00
									253.00														
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									253.00														

C. Full Name (Last, First, Middle Initial) GAY HORN		Transaction ID : SA17A.123251																					
Mailing Address 373 HORN LN		Date of Receipt																					
City AUSTIN State AR Zip Code 72007		<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>08</td><td></td><td></td><td>31</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	08			31			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
08			31			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer RETIRED	Occupation RETIRED	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>250.00</td> </tr> </table>																					250.00
									250.00														
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>350.00</td> </tr> </table>																					350.00
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Subtotal Of Receipts This Page (optional).....	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>1003.00</td> </tr> </table>																				1003.00
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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICK T HORNE

Mailing Address 20300 WATER TOWER BL

City	State	Zip Code
BROOKFIELD	WI	53045

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123253

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
MICHAEL HORNUNG

Mailing Address 411 N PINE HILL ROAD

City	State	Zip Code
GRIFFIN	GA	30223

FEC ID number of contributing federal political committee.

Name of Employer ZIA, INC	Occupation ACCOUNTANT
------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123254

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial)
MICHAEL HORNUNG

Mailing Address 411 N PINE HILL ROAD

City	State	Zip Code
GRIFFIN	GA	30223

FEC ID number of contributing federal political committee.

Name of Employer ZIA, INC	Occupation ACCOUNTANT
------------------------------	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123255

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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Amount of Each Receipt this Period

<input type="text" value="50.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL HORNUNG

Mailing Address **411 N PINE HILL ROAD**

City **GRIFFIN** State **GA** Zip Code **30223**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ZIA, INC** Occupation **ACCOUNTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

Transaction ID : SA17A.123256

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
DAVID HOROWITZ

Mailing Address **27241 LA PAZ RD**

City **LAGUNA NIGUEL** State **CA** Zip Code **92677**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOROWITZ MANAGEMENT INC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10800.00**

Transaction ID : SA17A.123258

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period
10800.00

C. Full Name (Last, First, Middle Initial)
DAVID HOROWITZ

Mailing Address **27241 LA PAZ RD**

City **LAGUNA NIGUEL** State **CA** Zip Code **92677**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOROWITZ MANAGEMENT INC** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5400.00**

Transaction ID : SA17A.123259

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-5400.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ **10850.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID HOROWITZ

Mailing Address 27241 LA PAZ RD

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOROWITZ MANAGEMENT INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123260

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DAVID HOROWITZ

Mailing Address 27241 LA PAZ RD

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOROWITZ MANAGEMENT INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123261

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MICHELLE HOROWITZ

Mailing Address 27241 LA PAZ RD

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123263

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHELLE HOROWITZ

Mailing Address 27241 LA PAZ RD

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123264

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MICHELLE HOROWITZ

Mailing Address 27241 LA PAZ RD

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123265

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ALAN HORWITZ

Mailing Address 210 W RITTENHOUSE SQUARE #1806

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAMPUS APARTMENTS N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123267

Date of Receipt
MM / DD / YYYY
07 / 22 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALAN HORWITZ

Mailing Address 210 W RITTENHOUSE SQUARE #1806

City	State	Zip Code
PHILADELPHIA	PA	19103

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CAMPUS APARTMENTS	N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128894

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

SEE REDESIGNATION

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ALAN HORWITZ

Mailing Address 210 W RITTENHOUSE SQUARE #1806

City	State	Zip Code
PHILADELPHIA	PA	19103

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CAMPUS APARTMENTS	N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128895

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

REDESIGNATED

Amount of Each Receipt this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GARY HOSKING

Mailing Address 6743 N OMIGISI BEACH RD

City	State	Zip Code
NORTHPORT	MI	49670

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123269

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM HOSKINS

Mailing Address **27 HARVEST CIRCLE**

City State Zip Code
LINCOLN MA 01773

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123271

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
SHIRLEY HOST

Mailing Address **26670 ROOKERY LAKE DRIVE**

City State Zip Code
BONITA SPRINGS FL 34134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123273

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM HOTALING

Mailing Address **125 QUASSAICK AVE**

City State Zip Code
NEW WINDSOR NY 12553

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123275

Date of Receipt
M M / D D / Y Y Y Y
07 23 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **3450.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HELENE A HOULE

Mailing Address 59 4TH ST W APT 24B

City	State	Zip Code
SAINT PAUL	MN	55102

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.123277

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

REATTRIBUTED; SEE REDESIGNATION

Amount of Each Receipt this Period
 _____ 5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
HELENE A HOULE

Mailing Address 59 4TH ST W APT 24B

City	State	Zip Code
SAINT PAUL	MN	55102

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.123278

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

SEE REDESIGNATION

Amount of Each Receipt this Period
 _____ -2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HELENE A HOULE

Mailing Address 59 4TH ST W APT 24B

City	State	Zip Code
SAINT PAUL	MN	55102

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.123279

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

REDESIGNATED

Amount of Each Receipt this Period
 _____ 2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ _____ 0.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALMEDA HOWARD

Mailing Address 537 WINDCHASE LN

City State Zip Code
STONE MOUNTAIN GA 30083

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HAWKINS PARNELL THACKSTON & YOUNG PARALEGAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123291

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CHRISTIN HOWARD

Mailing Address 930 DOUGLASS DRIVE

City State Zip Code
MCLEAN VA 22101

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123293

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN HOWARD

Mailing Address PO BOX 1527

City State Zip Code
SAN DIEGO CA 92067

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123295

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL HOWARD

Mailing Address 715 E 12TH AVE

City State Zip Code
SPOKANE WA 99202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123297

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
RANDAL HOWARD

Mailing Address N5W31657 HUCKLEBERRY WAY S

City State Zip Code
DELAFIELD WI 53018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123299

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
RONALD D. HOWARD

Mailing Address 1540 SOUTH KING STREET

City State Zip Code
HONOLULU HI 96826

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123301

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

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-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 752 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC**A.** Full Name (Last, First, Middle Initial)
HARRY HOWE

Mailing Address 316 OXFORD ST

City	State	Zip Code
ROCHESTER	NY	14607

FEC ID number of contributing federal political committee.

 CName of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2016

 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

 300.00**Transaction ID : SA17A.123303**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

 300.00**B.** Full Name (Last, First, Middle Initial)
RICHARD L HOWELL

Mailing Address 4375 CLEAR LAKES RD

City	State	Zip Code
BUHL	ID	83316

FEC ID number of contributing federal political committee.

 CName of Employer
R & B HOWELL INC.Occupation
PRESIDENT

Receipt For: 2016

 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

 500.00**Transaction ID : SA17A.123305**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

Amount of Each Receipt this Period

 500.00**C.** Full Name (Last, First, Middle Initial)
ANTHONY HOYDILLA

Mailing Address 350 SPRING STREET

City	State	Zip Code
MERIDEN	CT	06451

FEC ID number of contributing federal political committee.

 CName of Employer
RETIREDOccupation
RETIRED

Receipt For: 2016

 Primary
 General
 Other (specify) ▼

Election Cycle-to-Date ▼

 1000.00**Transaction ID : SA17A.123307**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Amount of Each Receipt this Period

 1000.00

Subtotal Of Receipts This Page (optional).....

 1800.00

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHARON S HSU

Mailing Address 806 ORIOLE LANE

City WAUSAU State WI Zip Code 54401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HSU'S GINSENG ENTERPRIS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123309

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
KAREN HUBBARD

Mailing Address 2289 RIVER ROAD SOUTH

City LAKELAND State MN Zip Code 55043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUBBARD BROADCASTING INC DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123311

Date of Receipt

/ /

SEE REDESIGNATION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KAREN HUBBARD

Mailing Address 2289 RIVER ROAD SOUTH

City LAKELAND State MN Zip Code 55043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUBBARD BROADCASTING INC DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123312

Date of Receipt

/ /

SEE REDESIGNATION

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KAREN HUBBARD

Mailing Address 2289 RIVER ROAD SOUTH

City State Zip Code
LAKELAND MN 55043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUBBARD BROADCASTING INC DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123313

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2015

REDESIGATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RUTH E HUBBARD

Mailing Address 5155 MIAMI RD

City State Zip Code
CINCINNATI OH 45243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123315

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STANLEY S HUBBARD

Mailing Address 3415 UNIVERSITY AVENUE

City State Zip Code
SAINT PAUL MN 55114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUBBARD BROADCASTING INC BROADCAST EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123317

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STANLEY S HUBBARD

Mailing Address 3415 UNIVERSITY AVENUE

City State Zip Code
SAINT PAUL MN 55114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUBARD BROADCASTING INC BROADCAST EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123318

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STANLEY S HUBBARD

Mailing Address 3415 UNIVERSITY AVENUE

City State Zip Code
SAINT PAUL MN 55114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUBARD BROADCASTING INC BROADCAST EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123319

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2015

REDESIGATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DANIEL HUBER

Mailing Address 5 ROSEBANK LN

City State Zip Code
HILTON HEAD SC 29928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.123320

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional)..... 200.00

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL HUBER

Mailing Address **5 ROSEBANK LN**

City	State	Zip Code
HILTON HEAD	SC	29928

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123321

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			16			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial)
GLADYS HUBER

Mailing Address **707 W PIONEER RD**

City	State	Zip Code
MEQUON	WI	53097

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123323

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

Amount of Each Receipt this Period

<input type="text" value="225.00"/>

C. Full Name (Last, First, Middle Initial)
GLADYS HUBER

Mailing Address **707 W PIONEER RD**

City	State	Zip Code
MEQUON	WI	53097

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123324

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			02			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) MORTIMER G HUBER		Transaction ID : SA17A.123326	
Mailing Address 404 S VINE AVE		Date of Receipt M M / D D / Y Y Y Y 08 / 18 / 2015	
City PARK RIDGE	State IL	Zip Code 60068	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer GENEVA INVESTMENT MANAGEMENT LLC	Occupation INVESTMENT MANAGEMENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value=""/>		
		Amount of Each Receipt this Period <input type="text" value="225.00"/>	

B. Full Name (Last, First, Middle Initial) TERRY HUCHTON		Transaction ID : SA17A.123328	
Mailing Address 2121 KIRBY DR UNIT 6NE / #18		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2015	
City HOUSTON	State TX	Zip Code 77019	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value=""/>		
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>	

C. Full Name (Last, First, Middle Initial) TERRY HUCHTON		Transaction ID : SA17A.123329	
Mailing Address 2121 KIRBY DR UNIT 6NE / #18		Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2015	
City HOUSTON	State TX	Zip Code 77019	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value=""/>		
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>	

Subtotal Of Receipts This Page (optional)	<input type="text" value="2225.00"/>
Total This Period (last page this line number only)	<input type="text" value=""/>

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS HUCKLE

Mailing Address 503 HARRIS TRL

City State Zip Code
CADILLAC MI 49601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123331

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
WARREN HUDAK

Mailing Address PO BOX 336

City State Zip Code
NEW CUMBERLND PA 17070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUDAK & COMPANY, LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Transaction ID : SA17A.123333

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period

260.00

C. Full Name (Last, First, Middle Initial)
DAVID P HUDSON

Mailing Address 3661 SEQUOIA TRL

City State Zip Code
VERONA WI 53593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIDDLETON FORD VICE PRESIDENT/OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123335

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 760.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
A. W HUELSMAN

Mailing Address **PO BOX 467**

City **WAUKESHA** State **WI** Zip Code **53187**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123337

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DEL HUENNEKENS

Mailing Address **18804 NE 121ST ST**

City **BRUSH PRAIRIE** State **WA** Zip Code **98606**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **BUSINESS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.123338

Date of Receipt

08 / 11 / 2015

Amount of Each Receipt this Period

75.00

C. Full Name (Last, First, Middle Initial)
DONALD HUGHES

Mailing Address **6 DELLWOOD CT**

City **COCKEYSVILLE** State **MD** Zip Code **21030**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CAMDEN PARTNERS** Occupation **MANAGEMENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123340

Date of Receipt

08 / 03 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **1575.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LOUIS HUGHES

Mailing Address **86 INDIAN HILL ROAD**

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED VENTURE CAPITALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123342

Date of Receipt

07 / 13 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
LOUIS HUGHES

Mailing Address **86 INDIAN HILL ROAD**

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED VENTURE CAPITALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.123343

Date of Receipt

08 / 17 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
LOUIS HUGHES

Mailing Address **86 INDIAN HILL ROAD**

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED VENTURE CAPITALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.123344

Date of Receipt

08 / 31 / 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional)..... **700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARLON HUGHES

Mailing Address 201 BLACKBERRY

City State Zip Code
MIDLAND TX 79705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SOUTHWEST MEDICAL IMAGING PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123346

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
TOM HUGHES

Mailing Address 10 WIMBLY PL

City State Zip Code
SAINT CHARLES MO 63301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
T R HUGHES HOMES HOME BUILDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123348

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HEIDI A HUIZENGA

Mailing Address 2215 YORK ROAD, SUITE 5

City State Zip Code
OAK BROOK IL 60523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123350

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEVIN HULBERT

Mailing Address 11404 NORTHWIND CT

City	State	Zip Code
RESTON	VA	20194

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123352

Date of Receipt

M M / D D / Y Y Y Y
07 / 12 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
WILLIAM HULETT

Mailing Address 365 LAKESHORE DR

City	State	Zip Code
MADISON	MS	39110

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JACKSON ANESTHESIA ASSOCIATE	ANESTHESIOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123354

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
JUDITH L HUMAN

Mailing Address P.O. BOX 339

City	State	Zip Code
LANCASTER	MO	63548

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123355

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

<input type="text" value="75.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM HUME

Mailing Address **600 MONTGOMERY STREET, 28TH FLOOR**

City State Zip Code
SAN FRANCISCO CA 94111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BASIC AMERICAN FOODS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123357

Date of Receipt
M M / D D / Y Y Y Y
07 10 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DAVID HUMPHREYS

Mailing Address **PO BOX 4050**

City State Zip Code
JOPLIN MO 64803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tamko Building Products Inc President & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123359

Date of Receipt
M M / D D / Y Y Y Y
08 05 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
DAVID HUMPHREYS

Mailing Address **PO BOX 4050**

City State Zip Code
JOPLIN MO 64803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tamko Building Products Inc President & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128891

Date of Receipt
M M / D D / Y Y Y Y
08 05 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEPHEN HUNT

Mailing Address 1505 CRYSTAL DR, #707

City	State	Zip Code
ARLINGTON	VA	22202

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.123368

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
STEPHEN HUNT

Mailing Address 1505 CRYSTAL DR, #707

City	State	Zip Code
ARLINGTON	VA	22202

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.123369

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
NANCY B HUNTER

Mailing Address 4756 JOHN SCOTT DR

City	State	Zip Code
LYNCHBURG	VA	24503

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123371

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID HUPER

Mailing Address **60455 120TH STREET**

City State Zip Code
ALDEN MN 56009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.123373

Date of Receipt

08 / 04 / 2015

Amount of Each Receipt this Period

220.00

B. Full Name (Last, First, Middle Initial)
MICHAEL F HUPY

Mailing Address **3340 N WINDERMERE CT**

City State Zip Code
MILWAUKEE WI 53211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUPY & ABRAHAM, SC LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123375

Date of Receipt

07 / 22 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL F HUPY

Mailing Address **3340 N WINDERMERE CT**

City State Zip Code
MILWAUKEE WI 53211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUPY & ABRAHAM, SC LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.123376

Date of Receipt

09 / 08 / 2015

Amount of Each Receipt this Period

2000.00

Subtotal Of Receipts This Page (optional)..... **2720.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RHONDA HURLEY

Mailing Address 4621 HOLT ST

City	State	Zip Code
BELLAIRE	TX	77401

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Transaction ID : SA17A.123377

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period

<input type="text"/> 100.00

B. Full Name (Last, First, Middle Initial)
SHELIA HURST

Mailing Address 16025 SE 149TH ST

City	State	Zip Code
RENTON	WA	98059

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Transaction ID : SA17A.123378

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period

<input type="text"/> 100.00

C. Full Name (Last, First, Middle Initial)
CHRISTOP J HUSSIN

Mailing Address 29 FULLER DRIVE

City	State	Zip Code
MADISON	WI	53704

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.123380

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period

<input type="text"/> 1000.00

Subtotal Of Receipts This Page (optional).....▶ 1200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
D B HUTCHISON

Mailing Address **5530 STRAND
UNIT 302**

City **HAWTHORNE** State **CA** Zip Code **90250**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123381

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
J ROBERT HUTCHISON

Mailing Address **740 EL PARQUE**

City **EL PASO** State **TX** Zip Code **79912**

FEC ID number of contributing federal political committee. **C**

Name of Employer **QUALITY FRUIT & VEG. CO.** Occupation **CFO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123383

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MICHAEL HUTCHISON

Mailing Address **32 MARCIA RD**

City **WILMINGTON** State **MA** Zip Code **01887**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CELESTICA** Occupation **DIRECTOR, QUALITY/TESTING, MEDIC**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123385

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LYSA HYNES

Mailing Address **28495 BALLARD DRIVE**

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Colborne Director

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123398

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ANDREI IANCU

Mailing Address **237 WOODRUFF AVE**

City State Zip Code
LOS ANGELES CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IRELL & MANELLA LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123400

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION
Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
ANDREI IANCU

Mailing Address **237 WOODRUFF AVE**

City State Zip Code
LOS ANGELES CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IRELL & MANELLA LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123401

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION
Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **6400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LUIZA IANCU

Mailing Address **237 WOODRUFF AVE**

City State Zip Code
LOS ANGELES CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KAISER PERMANENTE PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123403

Date of Receipt
M M / D D / Y Y Y Y
07 06 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ALLEN ICET

Mailing Address **2055 SHEPHERDIA DRIVE**

City State Zip Code
ANCHORAGE AK 99508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BP ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123405

Date of Receipt
M M / D D / Y Y Y Y
07 29 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ANTHONY R IGNACZAK

Mailing Address **2215 BLUE RIDGE LANE**

City State Zip Code
CHARLOTTESVIL VA 22901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Quad-C Management Inc President

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123407

Date of Receipt
M M / D D / Y Y Y Y
08 28 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DARYL INGALSBE

Mailing Address 9201 N SHORE DR

City	State	Zip Code
SPICER	MN	56288

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ENTREPRENEUR	ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123409

Date of Receipt
MM / DD / YYYY
08 / 23 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DAVID INGALSBE

Mailing Address 29072 COUNTY ROAD 20

City	State	Zip Code
PAYNESVILLE	MN	56362

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ITC	CEO/SDI DIVISION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123410

Date of Receipt
MM / DD / YYYY
07 / 29 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ORRIN H INGRAM

Mailing Address 1475 MORAN RD

City	State	Zip Code
FRANKLIN	TN	37069

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INGRAM INDUSTRIES	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123412

Date of Receipt
MM / DD / YYYY
07 / 24 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES IRBY

Mailing Address 1817 TYNE BLVD

City	State	Zip Code
NASHVILLE	TN	37215

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
IRBY INVESTMENTS, LLC	INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123420

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RICHARD IRICK

Mailing Address 147 BARBER FARM RD

City	State	Zip Code
JERICHO	VT	05465

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Advanced Welding Institute	Business Owner

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123422

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
RICHARD IRVING

Mailing Address 15615 OAKRIDGE COURT

City	State	Zip Code
MORGAN HILL	CA	95037

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RICHARD IRVING	VENTURE CAPITALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123424

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL J ISAAC

Mailing Address 75 PROSPECT AVE

City	State	Zip Code
LARCHMONT	NY	10538

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ARBITER PARTNERS	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.123426

Date of Receipt

M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Receipt this Period

_____ 2700.00

B. Full Name (Last, First, Middle Initial)
PAUL J ISAAC

Mailing Address 75 PROSPECT AVE

City	State	Zip Code
LARCHMONT	NY	10538

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ARBITER PARTNERS	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 8100.00

Transaction ID : SA17A.123427

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

_____ 5400.00

C. Full Name (Last, First, Middle Initial)
PAUL J ISAAC

Mailing Address 75 PROSPECT AVE

City	State	Zip Code
LARCHMONT	NY	10538

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ARBITER PARTNERS	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.123428

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

_____ -2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶

_____ 8100.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL J ISAAC

Mailing Address **75 PROSPECT AVE**

City **LARCHMONT** State **NY** Zip Code **10538**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ARBITER PARTNERS** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.123429

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JON ISAACS

Mailing Address **992 S 4TH AVE**

City **BRIGHTON** State **CO** Zip Code **80601**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **NATURAL RESOURCES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123431

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JON ISAACS

Mailing Address **992 S 4TH AVE**

City **BRIGHTON** State **CO** Zip Code **80601**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **NATURAL RESOURCES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.123432

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **600.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MORTON ISRAEL

Mailing Address 18901 PATRICIAN DR

City	State	Zip Code
VILLA PARK	CA	92861

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DR. MORTON ISRAEL	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123439

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MARC IVERSON

Mailing Address 5200 BEVINGTON PLACE

City	State	Zip Code
CHARLOTTE	NC	28277

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123441

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MARC IVERSON

Mailing Address 5200 BEVINGTON PLACE

City	State	Zip Code
CHARLOTTE	NC	28277

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123442

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARC IVERSON

Mailing Address **5200 BEVINGTON PLACE**

City	State	Zip Code
CHARLOTTE	NC	28277

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Transaction ID : SA17A.123443

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
HERCULANO IZQUIERDO

Mailing Address **69 RAVENS RIDGE ROAD**

City	State	Zip Code
SANTA FE	NM	87505

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123445

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
CHARLES C JABLECKI

Mailing Address **PO BOX 2088**

City	State	Zip Code
LA JOLLA	CA	92038

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123447

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

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-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEROME JACALONE

Mailing Address **433 E 51ST ST**
8

City **NEW YORK** State **NY** Zip Code **10022**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123449

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PETER JACK

Mailing Address **106 OLD CABIN LANE**

City **KERNERSVILLE** State **NC** Zip Code **27284**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.123450

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
HUGH B JACKS

Mailing Address **510 CARNOUSTIE**

City **SHOAL CREEK** State **AL** Zip Code **35242**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123452

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **1525.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AARON JACKSON

Mailing Address 9225 W CHARLESTON BLVD #1259

City State Zip Code
LAS VEGAS NV 89117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNITED HEALTHCARE DIRECTOR, NETWORK CONTRACTING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123454

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH JACKSON

Mailing Address 169 KINGFISHER CIR

City State Zip Code
POOLER GA 31322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.123455

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH JACKSON

Mailing Address 169 KINGFISHER CIR

City State Zip Code
POOLER GA 31322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.123456

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
75.00

Subtotal Of Receipts This Page (optional).....▶ 425.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RUTH JACOBS

Mailing Address 935 BEACON SQUARE CT # 38

City State Zip Code
GAITHERSBURG MD 20878

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123474

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER JACOBSON

Mailing Address 1515 W HURON DRIVE

City State Zip Code
SANTA ANA CA 92706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOROWITZ MANAGEMENT CFO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123476

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER JACOBSON

Mailing Address 1515 W HURON DRIVE

City State Zip Code
SANTA ANA CA 92706

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOROWITZ MANAGEMENT CFO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123477

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
2200.00

Subtotal Of Receipts This Page (optional).....▶ 3200.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GAYLE JACOBSON

Mailing Address 1515 W HURON DRIVE

City	State	Zip Code
SANTA ANA	CA	92706

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.123479

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Amount of Each Receipt this Period

2	7	0	0	.	0	0
---	---	---	---	---	---	---

B. Full Name (Last, First, Middle Initial)
JEAN M JACOBSON

Mailing Address 6119 HEG PARK

City	State	Zip Code
WIND LAKE	WI	53185

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.123481

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

Amount of Each Receipt this Period

2	5	0	.	0	0
---	---	---	---	---	---

C. Full Name (Last, First, Middle Initial)
ROBERT E JACOBY

Mailing Address 8 SPRINGHOUSE RD

City	State	Zip Code
SLOATSBURG	NY	10974

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.123483

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

2	7	0	.	0	0
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Subtotal Of Receipts This Page (optional).....▶

5	6	5	0	.	0	0
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Total This Period (last page this line number only).....▶

5	6	5	0	.	0	0
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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL JACUZZI

Mailing Address 1409 MARBLE CT

City	State	Zip Code
YUBA CITY	CA	95993

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CENTUY 21 SELECT REAL ESTATE, INC.	REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123491

Date of Receipt

M M / D D / Y Y Y Y
06 / 27 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
SCOTT JAEGER

Mailing Address 3235 LA COSTA CIRCLE APT: 207

City	State	Zip Code
NAPLES	FL	34105

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PELICAN BAY FOUNDATION	SERVER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123492

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SCOTT JAEGER

Mailing Address 3235 LA COSTA CIRCLE APT: 207

City	State	Zip Code
NAPLES	FL	34105

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PELICAN BAY FOUNDATION	SERVER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123493

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
W T JAGODINSKI

Mailing Address **6415 THOMAS DR**
1

City **PANAMA CITY B** State **FL** Zip Code **32408**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123495

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LOREN JAHN

Mailing Address **13149 N COUNTRY CLUB CT**

City **PALOS HEIGHTS** State **IL** Zip Code **60463**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.123497

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
AMY L JAMES

Mailing Address **1063 CHERRY STREET**

City **WINNETKA** State **IL** Zip Code **60093**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123499

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **2400.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ESWARD JAMES

Mailing Address 70 GARDEN LN

City State Zip Code
NORTHFIELD IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123503

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JERRELL D JAMES

Mailing Address 7177 STATE ROUTE 1668

City State Zip Code
MARION KY 42064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123505

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
NAREN JAMES

Mailing Address 115 VISTA CT

City State Zip Code
STANFORD KY 40484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STANFORD FAMILY MEDICINE PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123507

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS JAMES

Mailing Address 1630 SEAWAY DRIVE, UNIT 106

City State Zip Code
FORT PIERCE FL 34949

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123509

Date of Receipt

07 / 16 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
AL JANISZEWSKI

Mailing Address 1692 APACHE TRAIL

City State Zip Code
XENIA OH 45385

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123511

Date of Receipt

06 / 23 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
ROD JANNEY

Mailing Address 7611 DANNI MARIE CIR

City State Zip Code
CHEYENNE WY 82009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123513

Date of Receipt

07 / 20 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARTIN JANNSEN

Mailing Address **N34W23895 GRACE AVE**

City **PEWAUKEE** State **WI** Zip Code **53072**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123515

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CAROLE M JANSING

Mailing Address **501 MEADOW STREET**

City **STEVENS POINT** State **WI** Zip Code **54481**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123517

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KRISTIN JANSSEN

Mailing Address **3190 WALDWIC LANE**

City **OSHKOSH** State **WI** Zip Code **54904**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123519

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **1250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PETER N JANSSON

Mailing Address 5200 WIND POINT DRIVE

City	State	Zip Code
RACINE	WI	53402

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Jansson, Shupe & Munger	Attorney

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.123521

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
JEROME JANZER

Mailing Address W307 N1677 SHADOWOOD POINT

City	State	Zip Code
DELAFIELD	WI	53018

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
REINHART BOERNER VAN DEUREN SC	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.123523

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH JARESKE

Mailing Address 1237 N 131 ST

City	State	Zip Code
OMAHA	NE	68154

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.123525

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period
 250.00

Subtotal Of Receipts This Page (optional)..... 3950.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LINDA JARRETT

Mailing Address **3 RIVERSIDE COURT**

City State Zip Code
PINEHURST NC 28374

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123527

Date of Receipt

07 / 28 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ERIC M JAVITS

Mailing Address **150 BRADLEY PL
4**

City State Zip Code
PALM BEACH FL 33480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123529

Date of Receipt

08 / 04 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
JEFFREY JAY

Mailing Address **50 FOX RUN LANE**

City State Zip Code
GREENWICH CT 06831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GREAT POINT PARTNERS VENTURE CAPITAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123531

Date of Receipt

06 / 21 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional)..... **3450.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA E JELEN

Mailing Address 1308 NORFIELD RD

City	State	Zip Code
SUAMICO	WI	54173

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	WALL ARTIS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.123532

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
PATRICIA E JELEN

Mailing Address 1308 NORFIELD RD

City	State	Zip Code
SUAMICO	WI	54173

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	WALL ARTIS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
310.00

Transaction ID : SA17A.123533

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
JOHN R JELINEK

Mailing Address 1339 BUNKER AVE.

City	State	Zip Code
FLOSSMOOR	IL	60422

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123535

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **450.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DALE JENKINS

Mailing Address 901 WAKESTONE COURT

City	State	Zip Code
RALEIGH	NC	27609

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MEDICAL MUTUAL	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123537

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
SUSAN E JENKINS

Mailing Address 1445 WHIPPLE AVE SW

City	State	Zip Code
CANTON	OH	44710

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THE W.L. JENKINS CO INC	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123539

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CHARLES JENKS

Mailing Address 800 DILIGENCE DR

City	State	Zip Code
NEWPORT NEWS	VA	23606

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
OWNER	FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123541

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWIN JENNINGS

Mailing Address PO BOX 55487

City	State	Zip Code
HOUSTON	TX	77255-5487

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123543

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			02			2015			

Amount of Each Receipt this Period

<input type="text" value="150.00"/>

B. Full Name (Last, First, Middle Initial)
EDWIN JENNINGS

Mailing Address PO BOX 55487

City	State	Zip Code
HOUSTON	TX	77255-5487

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123544

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			27			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial)
VERN JENNINGS

Mailing Address 30 VIA SIENA PL

City	State	Zip Code
HENDERSON	NV	89011

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JENNINGS MANAGEMENT CONSULTING LLC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123546

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HOLLY JENSEN

Mailing Address 659 FARWELL DRIVE

City MADISON State WI Zip Code 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128709

Date of Receipt
MM / DD / YYYY
07 / 07 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JAY JENSEN

Mailing Address 659 FARWELL DRIVE

City MADISON State WI Zip Code 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CQC BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123553

Date of Receipt
MM / DD / YYYY
07 / 07 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
JAY JENSEN

Mailing Address 659 FARWELL DRIVE

City MADISON State WI Zip Code 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CQC BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128707

Date of Receipt
MM / DD / YYYY
07 / 07 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PETER E JENSEN

Mailing Address **W5202 LARSON ROAD**

City State Zip Code
RIO WI 53960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WISCONSIN AVIATION PILOT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
240.00

Transaction ID : SA17A.123555

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

Amount of Each Receipt this Period
240.00

B. Full Name (Last, First, Middle Initial)
W. C JERNIGAN

Mailing Address **5 TURNBERRY PLACE**

City State Zip Code
SHOAL CREEK AL 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123557

Date of Receipt
M M / D D / Y Y Y Y
08 17 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THOMAS JESINSKI

Mailing Address **7039 165TH ST. NO.**

City State Zip Code
HUGO MN 55038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AKAL SECURITY INC FED. COURT SECURITY OFFICER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.123558

Date of Receipt
M M / D D / Y Y Y Y
09 10 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **590.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CYNTHIA JETZER

Mailing Address 18814 TWIN BAY LANE

City State Zip Code
KIEL WI 53042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LDS ACQUISITION CORP COO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123560

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
TONY JEWELL

Mailing Address 22 SOUTH BUFFALO

City State Zip Code
VENTNOR NJ 08406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOARDWALK PUBLIC RELATIONS PUBLIC RELATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123562

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHARLES JOHANNIS

Mailing Address 1101 IROQUOIS AVE
2

City State Zip Code
NAPERVILLE IL 60563

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123564

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4200.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JASON JOHNS

Mailing Address 4666 RUTLAND DUNN TOWNLINE RD

City	State	Zip Code
OREGON	WI	53575

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WISCONSIN LEGISLATIVE STRATEGIES, INC	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123566

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	16	/	2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ANNE JOHNSON

Mailing Address 6559 S NORTSHORE DR

City	State	Zip Code
KNOXVILLE	TN	37919

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DEAN-SMITH INC.	REAL ESTATE AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123568

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	24	/	2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ARTHUR J JOHNSON

Mailing Address 505 E 14TH STREET

City	State	Zip Code
STERLING	IL	61081

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123570

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	30	/	2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ARTHUR J JOHNSON

Mailing Address 505 E 14TH STREET

City	State	Zip Code
STERLING	IL	61081

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123571

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
BILL JOHNSON

Mailing Address 16703 W 4TH STREET

City	State	Zip Code
HAYWARD	WI	54843

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123573

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period

<input type="text" value="5400.00"/>

C. Full Name (Last, First, Middle Initial)
BILL JOHNSON

Mailing Address 16703 W 4TH STREET

City	State	Zip Code
HAYWARD	WI	54843

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128747

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="-2700.00"/>

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRYAN JOHNSON

Mailing Address 3137 DEVONSHIRE WAY

City	State	Zip Code
GERMANTOWN	TN	38139

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ENTREPRENEUR	ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.123575

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	5

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
CHARLES JOHNSON

Mailing Address 3395 S JONES BOULEVARD

City	State	Zip Code
LAS VEGAS	NV	89146

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Retired	Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.123577

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	5

Amount of Each Receipt this Period

_____ 300.00

C. Full Name (Last, First, Middle Initial)
CHRIS JOHNSON

Mailing Address 750 COUNTY ROAD D

City	State	Zip Code
WILLOWS	CA	95988

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.123579

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Amount of Each Receipt this Period

_____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1050.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID JOHNSON

Mailing Address **8322 CORPORATE DRIVE**

City	State	Zip Code
RACINE	WI	53406

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.123581

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period

_____ 1000.00

B. Full Name (Last, First, Middle Initial)
ERIC JOHNSON

Mailing Address **837 S PARK TRAIL DRIVE**

City	State	Zip Code
CARMEL	IN	46032

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.123583

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

_____ 500.00

C. Full Name (Last, First, Middle Initial)
ERIC B JOHNSON

Mailing Address **806 HONEY RIDGE ROAD**

City	State	Zip Code
GUYTON	GA	31312

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.123585

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period

_____ 500.00

Subtotal Of Receipts This Page (optional).....▶ **2000.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ERIC JOHNSON

Mailing Address **837 S PARK TRAIL DRIVE**

City **CARMEL** State **IN** Zip Code **46032**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
830.00

Transaction ID : SA17A.123586

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		10		2015

Amount of Each Receipt this Period

330.00

B. Full Name (Last, First, Middle Initial)
EVELYN JOHNSON

Mailing Address **3134 TALBOT TRAIL**

City **ROCKFORD** State **IL** Zip Code **61114**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123588

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		20		2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
GWEN A JOHNSON

Mailing Address **N170W20239 HUNTERS R**

City **JACKSON** State **WI** Zip Code **53037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AURORA HEALTHCARE** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Transaction ID : SA17A.123590

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		28		2015

Amount of Each Receipt this Period

1200.00

Subtotal Of Receipts This Page (optional).....

2530.00

Total This Period (last page this line number only).....

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GWEN A JOHNSON

Mailing Address **N170W20239 HUNTERS R**

City State Zip Code
JACKSON WI 53037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AURORA HEALTHCARE PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1450.00

Transaction ID : SA17A.123591

Date of Receipt
M M / D D / Y Y Y Y
08 20 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JACK JOHNSON

Mailing Address **1305 NEW MEXICO ST.**

City State Zip Code
BOULDER CITY NV 89005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STANLEY CONSULTANTS INSPECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.123592

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JOANNE JOHNSON

Mailing Address **70 ROBLEY ROAD**

City State Zip Code
SALINAS CA 93908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123594

Date of Receipt
M M / D D / Y Y Y Y
07 15 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1050.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN JOHNSON

Mailing Address **E4988 TIMBERLINE RD**

City **SPRING GREEN** State **WI** Zip Code **53588**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123596

Date of Receipt

08 / 12 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
JOYCE A. JOHNSON

Mailing Address **1176 ORLO DRIVE**

City **MCLEAN** State **VA** Zip Code **22102**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123598

Date of Receipt

08 / 10 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
JULIETTE JOHNSON

Mailing Address **8322 CORPORATE DRIVE**

City **RACINE** State **WI** Zip Code **53406**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EW Johnson Inc** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123600

Date of Receipt

08 / 23 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **4200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD JOHNSON

Mailing Address **63 COTTONWOOD LANE**

City **BRIARCLIFF MANOR** State **NY** Zip Code **10510**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123608

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RICHARD JOHNSON

Mailing Address **3900 PLYMOUHT BOULEVARD**

City **PLYMOUTH** State **MN** Zip Code **55446**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123610

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROBERT JOHNSON

Mailing Address **11443 N SHORECLIFF LANE**

City **THIENSVILLE** State **WI** Zip Code **53092**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JOHNSON LEVEL** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123611

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
150.00

Subtotal Of Receipts This Page (optional)..... **1150.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT G. JOHNSON

Mailing Address 500 RUE CHATEAUGUAY

City State Zip Code
OCEAN SPRINGS MS 39564-3025

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SURGEON SRHS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123613

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ROBERT G. JOHNSON

Mailing Address 500 RUE CHATEAUGUAY

City State Zip Code
OCEAN SPRINGS MS 39564-3025

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SURGEON SRHS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123614

Date of Receipt
M M / D D / Y Y Y Y
08 / 09 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ROBERT M. JOHNSON

Mailing Address 1176 ORLO DRIVE

City State Zip Code
MCLEAN VA 22102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Retired Retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123616

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STANLEY JOHNSON

Mailing Address 1261 WALNUT DR

City	State	Zip Code
LAKE CHARLES	LA	70611

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
W&R FOOD SERVICES, INC.	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123618

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
TALI JOHNSON

Mailing Address 16703 W 4TH STREET

City	State	Zip Code
HAYWARD	WI	54843

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128749

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
THOMAS JOHNSON

Mailing Address 7520 TAYLOR DR

City	State	Zip Code
SAVAGE	MN	55378

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
THE WARREN E. JOHNSON COMPANY	BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123620

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WALTER JOHNSON

Mailing Address 1000 UPTOWN PARK BLV #81

City State Zip Code
HOUSTON TX 77056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMEGY BANK BANKING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123622

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM R JOHNSON

Mailing Address 948 DUCHESS DR

City State Zip Code
OCONOMOWOC WI 53066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.123623

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
HELEN JOHNSON-LEIPOLD

Mailing Address 555 MAIN STREET, STE 500

City State Zip Code
RACINE WI 53403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128739

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 350.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARY JOINER

Mailing Address **2507 RUSSELL PARKWAY**

City State Zip Code
GREAT BEND KS 67530

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.123630

Date of Receipt
M M / D D / Y Y Y Y
07 23 2015

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
GLENN JONAS

Mailing Address **1903 GRANVILLE RD**

City State Zip Code
CEDARBURG WI 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RF TECHNOLOGIES, INC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123632

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
GLENN JONAS

Mailing Address **1903 GRANVILLE RD**

City State Zip Code
CEDARBURG WI 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RF TECHNOLOGIES, INC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3700.00

Transaction ID : SA17A.123633

Date of Receipt
M M / D D / Y Y Y Y
07 17 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **4000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GLENN JONAS

Mailing Address 1903 GRANVILLE RD

City State Zip Code
CEDARBURG WI 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RF TECHNOLOGIES, INC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128833

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-1000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MARY JONAS

Mailing Address 1903 GRANVILLE RD

City State Zip Code
CEDARBURG WI 53012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RF TECHNOLOGIES, INC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128835

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ALYCE M JONES

Mailing Address 3421 N POWERLINE RD

City State Zip Code
POMPANO BEACH FL 33069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
A.M. JONES, CPA, PA CERTIFIED PUBLIC ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123635

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANDREW R JONES

Mailing Address 4 COMPO PKWY

City WESTPORT State CT Zip Code 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer NORTH STAR PARTNERS Occupation CFA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123637

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
BRYAN JONES

Mailing Address 19175 INDUSTRIAL BLVD.

City ELK RIVER State MN Zip Code 55330

FEC ID number of contributing federal political committee. **C**

Name of Employer SMI Occupation BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123639

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
CINDY JONES

Mailing Address 103 NORTHWIND

City BOERNE State TX Zip Code 78006

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123641

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 3200.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID JONES

Mailing Address 1365 RED BRICK LANE

City	State	Zip Code
SUN PRAIRIE	WI	53590

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123643

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
FRANCIS JONES

Mailing Address 1616 WALLOOMSAC ROAD

City	State	Zip Code
BENNINGTON	VT	05201

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123645

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

C. Full Name (Last, First, Middle Initial)
GERALDIN L JONES

Mailing Address 22139 SOUTHEAST 40TH LA

City	State	Zip Code
ISSAQUAH	WA	98029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
Homemaker	Homemaker

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123647

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM JONES

Mailing Address 1734 STONE HOLLOW CT

City BOUNTIFUL State UT Zip Code 84010

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123661

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
WILLIAM B JONES

Mailing Address PO BOX 933

City JACKSON State GA Zip Code 30233

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123663

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM JONES MD

Mailing Address 1554 RIVER PINES DR

City GREEN BAY State WI Zip Code 54311

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123665

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 6400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWARD JONSON

Mailing Address 16 HAWKVIEW RD

City	State	Zip Code
HUDSON	NH	03051

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123666

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

<input type="text" value="150.00"/>

B. Full Name (Last, First, Middle Initial)
GRANT JONSSON

Mailing Address 327 LINDSAY RD

City	State	Zip Code
HUDSON	WI	54016

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AMERICAN CHRISTIAN TOURS INC	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123668

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
THOMAS J JORDAN

Mailing Address 1474 ALEXANDER VALLE

City	State	Zip Code
HEALDSBURG	CA	95448

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JORDAN WINERY	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123670

Date of Receipt

M M / D D / Y Y Y Y
06 / 29 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TYLER JORDAN

Mailing Address 12849 MILL HOUSE CT

City State Zip Code
WOODBIDGE VA 22192

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JUNIPER NETWORKS INC NETWORK ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123672

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CAROL JOSEPH

Mailing Address 15303 CORSINI LANE

City State Zip Code
NAPLES FL 34110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123674

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
GEORGE JOSEPH

Mailing Address 365 S HUDSON AVE

City State Zip Code
LOS ANGELES CA 90020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MERCURY INSURANCE OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Transaction ID : SA17A.123676

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
3000.00

Subtotal Of Receipts This Page (optional).....▶ 6200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE JOSEPH

Mailing Address **365 S HUDSON AVE**

City State Zip Code
LOS ANGELES CA 90020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MERCURY INSURANCE OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123677

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-300.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GEORGE JOSEPH

Mailing Address **365 S HUDSON AVE**

City State Zip Code
LOS ANGELES CA 90020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MERCURY INSURANCE OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Transaction ID : SA17A.123678

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

REDESIGNATED

Amount of Each Receipt this Period
300.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROGER A JOSEPH

Mailing Address **7855 FAY AVE**

City State Zip Code
LA JOLLA CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FRANKLIN CROFT INC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123680

Date of Receipt
M M / D D / Y Y Y Y
07 27 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **2700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LOLITA M KACHEL

Mailing Address **513 W CENTER ST**

City **WHITEWATER** State **WI** Zip Code **53190**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WISCONSIN DAIRY SUPPLY** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123688

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
FERENC KACSINTA

Mailing Address **7323 CARTWRIGHT AVE**

City **SUN VALLEY** State **CA** Zip Code **91352**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **BUILDING CONTRACTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123690

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
NEIL KADISHA

Mailing Address **9420 WILSHIRE BLVD**

City **BEVERLY HILLS** State **CA** Zip Code **90212**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OMNINET INVESTMENTS** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123692

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NEIL KADISHA

Mailing Address 9420 WILSHIRE BLVD

City State Zip Code
BEVERLY HILLS CA 90212

FEC ID number of contributing federal political committee.

Name of Employer Occupation
OMNINET INVESTMENTS CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123693

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
NEIL KADISHA

Mailing Address 9420 WILSHIRE BLVD

City State Zip Code
BEVERLY HILLS CA 90212

FEC ID number of contributing federal political committee.

Name of Employer Occupation
OMNINET INVESTMENTS CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123694

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MELVIN KAFTAN

Mailing Address 29100 NORTHWESTERN HWY

City State Zip Code
SOUTHFIELD MI 48034

FEC ID number of contributing federal political committee.

Name of Employer Occupation
KAFTAN ENTERPRISES REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123695

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JUDITH KANE

Mailing Address **14 PINEHURST LANE**

City **FALMOUTH** State **ME** Zip Code **04105**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123703

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DAN KAPANKE

Mailing Address **1610 LAKESHORE DR**

City **LA CROSSE** State **WI** Zip Code **54603**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CPA**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253.00

Transaction ID : SA17A.123705

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
253.00

C. Full Name (Last, First, Middle Initial)
ALAN KAPLAN

Mailing Address **1540 HAZEL AVENUE**

City **DEERFIELD** State **IL** Zip Code **60015**

FEC ID number of contributing federal political committee. **C**

Name of Employer **REPAK REAL ESTATE DEVELOPMENT** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123707

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional)..... **6153.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
J. DAVID KARAM

Mailing Address **2380 ONANDAGA DR**

City State Zip Code
COLUMBUS OH 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SBARRO CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123711

Date of Receipt
M M / D D / Y Y Y Y
08 13 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHRISTOP D KARLS

Mailing Address **2444 SUMMIT RIDGE TRAIL**

City State Zip Code
CHARLOTTESVIL VA 22911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123713

Date of Receipt
M M / D D / Y Y Y Y
09 04 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
J. KARLS

Mailing Address **W6117 WILD CHERRY CT**

City State Zip Code
MENASHA WI 54952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123715

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUSAN W KASTEN

Mailing Address 160 LOGGERHEAD PT

City	State	Zip Code
VERO BEACH	FL	32963

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.123726

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	1	5

REATTRIBUTED

Amount of Each Receipt this Period
 _____ 2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
L.M. KAUFFMANN

Mailing Address 1565 BAY POINT DR

City	State	Zip Code
SARASOTA	FL	34236

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.123728

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	1	5

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
NEAL KAUFMAN

Mailing Address 216 BLOOMFIELD ROAD

City	State	Zip Code
BURLINGAME	CA	94010

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HILLAIR CAPITAL	FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.123730

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	1	5

Amount of Each Receipt this Period
 _____ 2700.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3200.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES KAY

Mailing Address 12105 TERRAZA CIRCLE

City	State	Zip Code
AUSTIN	TX	78726

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.123732

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

_____ 500.00

B. Full Name (Last, First, Middle Initial)
ROBERT KAY

Mailing Address 1608 GASTON AVE

City	State	Zip Code
AUSTIN	TX	78703

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
DRILLING INFO, INC	BUS EXEC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.123734

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

Amount of Each Receipt this Period

_____ 2700.00

C. Full Name (Last, First, Middle Initial)
ROBERT KAY

Mailing Address 1608 GASTON AVE

City	State	Zip Code
AUSTIN	TX	78703

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
DRILLING INFO, INC	BUS EXEC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.123735

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

Amount of Each Receipt this Period

_____ 2700.00

Subtotal Of Receipts This Page (optional).....▶ _____ 5900.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUSAN KAY

Mailing Address 1608 GASTON AVE

City State Zip Code
AUSTIN TX 78703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123737

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
KRAIG KAYSER

Mailing Address 122 TERRACE DRIVE

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SENECA FOODS CORPORATION PRESIDENT AND CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123739

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
C V KAZMIEROWI

Mailing Address 17094 OBSIDIAN DR

City State Zip Code
RAMONA CA 92065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.123741

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

300.00

Subtotal Of Receipts This Page (optional).....▶ 5700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEVIN W KEANE

Mailing Address **6609 BESTWICKE RD**

City **BURKE** State **VA** Zip Code **22015**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AMERICAN BEVERAGE ASSOCIATION** Occupation **SENIOR VICE PRES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123743

Date of Receipt

08 / **07** / **2015**

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
ALFRED S KEATON

Mailing Address **5296 SCOFIELD TRAIL**

City **WILLIAMSBURG** State **MI** Zip Code **49690**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123745

Date of Receipt

08 / **11** / **2015**

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
KATHY KEATON

Mailing Address **P.O. BOX 246**

City **WILLIAMSBURG** State **MI** Zip Code **49690**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.123747

Date of Receipt

07 / **23** / **2015**

Amount of Each Receipt this Period

225.00

Subtotal Of Receipts This Page (optional)..... **3425.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK KEATON

Mailing Address 7641 SW 119TH ST

City	State	Zip Code
DENTON	NE	68339

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
QE SYSTEMS, INC.	SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123749

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
ROBERT A KEEDY

Mailing Address 1100 ASCOTT VALLEY DR

City	State	Zip Code
DULUTH	GA	30097

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123751

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
SHARON KEELER

Mailing Address 1483 CR 6300

City	State	Zip Code
FAIRFAX	OK	74637

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123753

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CLAY KEEN

Mailing Address **PO BOX 573**

City State Zip Code
TYRONE NM 88065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123755

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS L KEENAN

Mailing Address **70 CRANE ST**

City State Zip Code
NEW ORLEANS LA 70124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KEENAN STAFFING INC. OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.123757

Date of Receipt
M M / D D / Y Y Y Y
08 06 2015

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
FRANK KEENEY

Mailing Address **4784 S UPHAM CT**

City State Zip Code
LITTLETON CO 80123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123759

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1900.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 842 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANICE R KEHLE

Mailing Address **1000 JULIANO COURT**

City	State	Zip Code
BARRINGTON HI	IL	60010

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123761

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRUCE KEHR MD

Mailing Address **9429 HOLBROOK LANE**

City	State	Zip Code
POTOMAC	MD	20854

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
POTOMAC PSYCHIATRY	PSYCHIATRIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123763

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
RALPH KEITH

Mailing Address **10 CARRIAGE LANE**

City	State	Zip Code
YARMOUTH	ME	04096

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123765

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **3450.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RANDY KEITH

Mailing Address 2095 VISTA MAR DR

City State Zip Code
EL DORADO HIL CA 95762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIEMENS SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.123766

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
RANDY KEITH

Mailing Address 2095 VISTA MAR DR

City State Zip Code
EL DORADO HIL CA 95762

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SIEMENS SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.123767

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
ALEX KELLER

Mailing Address 535 ROLLINGBROOK LN

City State Zip Code
CINCINNATI OH 45255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123769

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DENNIS KELLER

Mailing Address 1155 35TH STREET

City State Zip Code
OAK BROOK IL 60523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123771

Date of Receipt

M M / D D / Y Y Y Y
09 14 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
JEFFREY KELLER

Mailing Address W775 SPRING PRAIRIE ROA

City State Zip Code
BURLINGTON WI 53105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128865

Date of Receipt

M M / D D / Y Y Y Y
08 18 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JUSTIN M KELLER

Mailing Address P.O. BOX 62197

City State Zip Code
SUNNYVALE CA 94088

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123773

Date of Receipt

M M / D D / Y Y Y Y
08 23 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 2950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARGARET F KELLER

Mailing Address **W775 SPRING PRAIRIE ROA**

City	State	Zip Code
BURLINGTON	WI	53105

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **5400.00**

Transaction ID : SA17A.123775

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period
 _____ **5400.00**

B. Full Name (Last, First, Middle Initial)
MARGARET F KELLER

Mailing Address **W775 SPRING PRAIRIE ROA**

City	State	Zip Code
BURLINGTON	WI	53105

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **2700.00**

Transaction ID : SA17A.128863

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period
 _____ **-2700.00**

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROBERT S KELLER

Mailing Address **6898 BELL CT**

City	State	Zip Code
REX	GA	30273

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **300.00**

Transaction ID : SA17A.123777

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	5

Amount of Each Receipt this Period
 _____ **300.00**

Subtotal Of Receipts This Page (optional)..... **5700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM KELLER

Mailing Address 25088 N PEARL RD

City State Zip Code
ACAMPO CA 95220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123779

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CAROL KELLETT

Mailing Address 3651 TUXEDO RD NW

City State Zip Code
ATLANTA GA 30305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123781

Date of Receipt

/ /

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SAMUEL KELLETT

Mailing Address 12166 N STATE ROAD 5

City State Zip Code
MADISON FL 32340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SBK CAPITAL LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123783

Date of Receipt

/ /

SEE REDESIGNATION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SAMUEL KELLETT

Mailing Address 12166 N STATE ROAD 5

City State Zip Code
MADISON FL 32340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SBK CAPITAL LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123784

Date of Receipt
MM / DD / YYYY
07 / 13 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SAMUEL KELLETT

Mailing Address 12166 N STATE ROAD 5

City State Zip Code
MADISON FL 32340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SBK CAPITAL LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123785

Date of Receipt
MM / DD / YYYY
07 / 13 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
STILES A KELLETT

Mailing Address 3651 TUXEDO RD NW

City State Zip Code
ATLANTA GA 30305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KELLETT INVESTMET CORPORATION CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123787

Date of Receipt
MM / DD / YYYY
07 / 13 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEVIN J KELLY

Mailing Address 253 SAGAMORE RD

City State Zip Code
HAVERTOWN PA 19083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PLANET FITNESS FRANCHISE CO-OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123794

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
LEON KELLY

Mailing Address P.O. BOX 921

City State Zip Code
FOLSOM CA 95763

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PLUMBING ENTERPRISES CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123796

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
LINDSAY KELLY

Mailing Address 33 KALORAMA CIRCLE NW

City State Zip Code
WASHINGTON DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IRELL & MANELLA LLP LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123798

Date of Receipt

/ /

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LOIS KELLY

Mailing Address **28231 PARKHILL STREET**

City **FARMINGTON HILLS** State **MI** Zip Code **48334**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.123799

Date of Receipt

09 / 21 / 2015

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
ROBERT J KELLY

Mailing Address **5901 COVINGTON CT**

City **MINNETONKA** State **MN** Zip Code **55345**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123801

Date of Receipt

07 / 27 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
EUGENE KELTON

Mailing Address **2312 AMHERST ST**

City **FORT COLLINS** State **CO** Zip Code **80525**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123803

Date of Receipt

08 / 17 / 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN KEMMERER

Mailing Address P.O. BOX 6848

City State Zip Code
JACKSON WY 83002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JACKSON HOLE MOUNTAIN RESORT CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123805

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
ROBERT L KEMP

Mailing Address 1330 MONUMENT ST

City State Zip Code
CONCORD MA 01742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123807

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DEAN KENNEDY

Mailing Address 1004 S SIERRA VISTA AVE

City State Zip Code
ALHAMBRA CA 91801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123809

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DEAN KENNEDY

Mailing Address 1004 S SIERRA VISTA AVE

City ALHAMBRA State CA Zip Code 91801

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Transaction ID : SA17A.123810

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
DEAN KENNEDY

Mailing Address 1004 S SIERRA VISTA AVE

City ALHAMBRA State CA Zip Code 91801

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.123811

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
DEAN KENNEDY

Mailing Address 1004 S SIERRA VISTA AVE

City ALHAMBRA State CA Zip Code 91801

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Transaction ID : SA17A.123812

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
150.00

Subtotal Of Receipts This Page (optional).....▶ 400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DEAN KENNEDY

Mailing Address 1004 S SIERRA VISTA AVE

City ALHAMBRA State CA Zip Code 91801

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123813

Date of Receipt

08 / 18 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
DEAN KENNEDY

Mailing Address 1004 S SIERRA VISTA AVE

City ALHAMBRA State CA Zip Code 91801

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17A.123814

Date of Receipt

08 / 26 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
JEROME W KENNEY

Mailing Address 720 9TH AVE N

City SEATTLE State WA Zip Code 98109

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123816

Date of Receipt

07 / 17 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN JAY KERCHLICH

Mailing Address 15509 ORION ST

City State Zip Code
LAKE ELSINORE CA 92530

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123829

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CARY J KERGER

Mailing Address 1 S 770 COUNTRY CLUB LA

City State Zip Code
WHEATON IL 60189

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ABBEY PROVIDENT VENTURE LLC MANAGING MEMBER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123831

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ALBERT KERNS

Mailing Address 3411 ARLETTE DR

City State Zip Code
NAPLES FL 34109

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123833

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALBERT KEY

Mailing Address **PO BOX 768**

City State Zip Code
POINT CLEAR AL 36564

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.123840

Date of Receipt
M M / D D / Y Y Y Y
08 31 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
SCOTT KEY

Mailing Address **111 SCOTT HILL RD TH #3**

City State Zip Code
BEAVER CREEK CO 81620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SCOTT ARMATURE CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123842

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ABE KHALIL

Mailing Address **9 SCOTT CT**

City State Zip Code
DAYTON NJ 08810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.123844

Date of Receipt
M M / D D / Y Y Y Y
08 20 2015

Amount of Each Receipt this Period
225.00

Subtotal Of Receipts This Page (optional)..... **825.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN KILLGORE

Mailing Address 1023 WYNNWOOD LN.

City State Zip Code
HOUSTON TX 77008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123856

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JOHN KILROY

Mailing Address 12200 W OLYMPIC BLVD
1

City State Zip Code
LOS ANGELES CA 90064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KILROY REALTY CORPORATION EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123858

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN KILROY, JR.

Mailing Address 12200 W. OLYMPIC BLVD.
STE. 200

City State Zip Code
LOS ANGELES CA 90064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KILROY REALTY CORPORATION EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123860

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES KIM

Mailing Address 4880 COMMONWEALTH AVE

City State Zip Code
LA CANADA CA 91011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123862

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
CHARLES KIM

Mailing Address 4880 COMMONWEALTH AVE

City State Zip Code
LA CANADA CA 91011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123863

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DONG KOO KIM

Mailing Address 1332 PASEO DEL MAR

City State Zip Code
PALOS VERDES ESTS. CA 90274

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BP INDUSTRIES. INC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123865

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN KIMPEL

Mailing Address 1336 WATERS EDGE DRIVE

City State Zip Code
OCONOMOWOC WI 53066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.123866

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
ELIZABET S KINCAID

Mailing Address 245 CAMERON RIDGE DR

City State Zip Code
ATLANTA GA 30328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123868

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SUSAN L KINER

Mailing Address 448 E NORTH WATER ST

City State Zip Code
CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WGCI RADIO COMMUNICATIONS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123870

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2300.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RONALD KING

Mailing Address **85 SARVIS RIDGE ROAD**

City State Zip Code
NORMANDY TN 37360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PILOT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123872

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RONALD KING

Mailing Address **85 SARVIS RIDGE ROAD**

City State Zip Code
NORMANDY TN 37360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PILOT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123873

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SANDY KING

Mailing Address **3349 2ND DRIVE**

City State Zip Code
OXFORD WI 53952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REAL ESTATE SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123875

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ **6400.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SANDY KING

Mailing Address 3349 2ND DRIVE

City State Zip Code
OXFORD WI 53952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REAL ESTATE SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128889

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SANDY KING

Mailing Address 3349 2ND DRIVE

City State Zip Code
OXFORD WI 53952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REAL ESTATE SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128890

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RODNEY J KINNARD

Mailing Address N7990 OAK RD

City State Zip Code
CASCO WI 54205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123877

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANTHONY KINNINGER

Mailing Address 2108 CATON WAY SW

City	State	Zip Code
OLYMPIA	WA	98502

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123879

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			19			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DENNIS KINSEY

Mailing Address P.O. BOX 473

City	State	Zip Code
ARTESIA	NM	88211

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
YATES PETROLEUM CORPORATION	ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123881

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CHARLES KINTNER

Mailing Address 23161 LAKE CENTER DR

City	State	Zip Code
LAKE FOREST	CA	92630

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123883

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			28			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
F. L KIRBY

Mailing Address 1800 NORTH POND LANE

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123885

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JUDITH M KIRBY

Mailing Address 1800 W NORTH POND LN

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123887

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
I. RAYMO KIRK

Mailing Address 3756 WESTERMAN ST

City State Zip Code
HOUSTON TX 77005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123889

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LORENE KIRKPATRIC

Mailing Address 1054 N VON MINDEN STREE

City	State	Zip Code
LA GRANGE	TX	78945

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123891

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
TED KIRKPATRICK

Mailing Address 11434 HUNTSMAN DRIVE

City	State	Zip Code
MANASSAS	VA	20112

FEC ID number of contributing federal political committee.

Name of Employer BATTLEFIELD WEALTH PLANNING	Occupation FINANCIAL ADVISOR
---	---------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123892

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MARION KIRWIN

Mailing Address 19 PARK AVENUE

City	State	Zip Code
EAST FALLOWFIELD	PA	19320

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123894

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE KISKUNAS

Mailing Address 1516 SHERMAN AVE

City State Zip Code
JANESVILLE WI 53545

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BAKER TILLY VIRCHOW KRAUSE LLP CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123896

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JIM KISSLER

Mailing Address 1591 E SENDERO LN

City State Zip Code
BOISE ID 83712

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NORCO, INC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123898

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN KJELGAARD

Mailing Address 620 CHERRY DR

City State Zip Code
BRIGHAM CITY UT 84302

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123899

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TRACEY KLEIN

Mailing Address **3635 CHESTERWOOD COURT**

City State Zip Code
BROOKFIELD WI 53005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REINHART ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.123907

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
KRISTIN KLEY

Mailing Address **4879 PRESTWICK SOUTH CIRCLE**

City State Zip Code
FAYETTEVILLE AR 72704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123909

Date of Receipt
M M / D D / Y Y Y Y
08 31 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
KRISTIN KLEY

Mailing Address **4879 PRESTWICK SOUTH CIRCLE**

City State Zip Code
FAYETTEVILLE AR 72704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-2700.00

Transaction ID : SA17A.128848

Date of Receipt
M M / D D / Y Y Y Y
08 31 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **7900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KRISTIN KLEY

Mailing Address 4879 PRESTWICK SOUTH CIRCLE

City	State	Zip Code
FAYETTEVILLE	AR	72704

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128849

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICHARD KLEY

Mailing Address 4879 PRESTWICK S. CIRCLE

City	State	Zip Code
FAYETTEVILLE	AR	72704

FEC ID number of contributing federal political committee.

Name of Employer CADBURY	Occupation SALES
-----------------------------	---------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123911

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

C. Full Name (Last, First, Middle Initial)
RICHARD KLEY

Mailing Address 4879 PRESTWICK S. CIRCLE

City	State	Zip Code
FAYETTEVILLE	AR	72704

FEC ID number of contributing federal political committee.

Name of Employer CADBURY	Occupation SALES
-----------------------------	---------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123912

Date of Receipt

M M / D D / Y Y Y Y
08 / 21 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA KLINCK

Mailing Address 5842 BRITTANY WOODS CIR

City State Zip Code
LOUISVILLE KY 40222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.123913

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
LAWRENCE S KLOCK

Mailing Address 1321 KIMMER COURT

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RUSSELL REYNOLDS ASS. EXECUTIVE RECRUITER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123915

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT KLOCKARS

Mailing Address 1201 BRIDGET COURT

City State Zip Code
FONTANA WI 53125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WALWORTH STATE BANK CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123917

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 900.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AMY KLOKNER

Mailing Address 701 BRIAR HILL DR

City	State	Zip Code
WAUKESHA	WI	53188

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123919

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			02			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
BOB KLUESENDORF

Mailing Address N6112 LYONS RD

City	State	Zip Code
BURLINGTON	WI	53105-2716

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123920

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			18			2015			

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial)
BOB KLUESENDORF

Mailing Address N6112 LYONS RD

City	State	Zip Code
BURLINGTON	WI	53105-2716

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123921

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			28			2015			

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BOB KLUESENDORF

Mailing Address **N6112 LYONS RD**

City **BURLINGTON** State **WI** Zip Code **53105-2716**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.123922

Date of Receipt

09 / 17 / 2015

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
CAROL A KLUG

Mailing Address **N2426 CHERRY RD**

City **RUBICON** State **WI** Zip Code **53078**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123924

Date of Receipt

08 / 25 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
DENNIS KLUMB

Mailing Address **W25787715 PRAIRIESIDE D**

City **WAUKESHA** State **WI** Zip Code **53189**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123926

Date of Receipt

08 / 31 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **3750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARGARET KLUTTZ

Mailing Address 1765 SALEM CHURCH RD

City State Zip Code
LINCOLNTON NC 28092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HARPER CORPORATION OF AMERIC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123928

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
NORMAN KNAPP

Mailing Address 1431 COUNTY ROAD 1700E

City State Zip Code
ROANOKE IL 61561

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.123930

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
ED KNEESE

Mailing Address 13926 MARINE RD

City State Zip Code
MONTROSE CO 81403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123932

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DALE KNEZEVICH

Mailing Address 3624 46TH AVENUE SW

City	State	Zip Code
SEATTLE	WA	98116

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PACIFIC RIDGE MEDICAL	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123934

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
GREG KNIGHT

Mailing Address 7840 N PHEASANT LANE

City	State	Zip Code
RIVER HILLS	WI	53217

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123936

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	0	/	2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ALLIE KNOLL

Mailing Address 200 WEST ELM STREET

City	State	Zip Code
STRATFORD	WI	54484

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123938

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	0	/	2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID KNUDSEN

Mailing Address 23 SUMMIT RD

City State Zip Code
GRAY ME 04039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.123944

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			19			2015			

Amount of Each Receipt this Period

2000.00

B. Full Name (Last, First, Middle Initial)
CYNTHIA A KNUDSON

Mailing Address 5812 COLWELL RD

City State Zip Code
PENRYN CA 95663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123946

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			11			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
CYNTHIA A KNUDSON

Mailing Address 5812 COLWELL RD

City State Zip Code
PENRYN CA 95663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123947

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			11			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ **7400.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SCOTT KNUDSON

Mailing Address 5812 COLWELL ROAD

City	State	Zip Code
PENRYN	CA	95663

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123949

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			11			2015			

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MORGAN KNULL

Mailing Address PO BOX 15155

City	State	Zip Code
WASHINGTON	DC	20003

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123951

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			28			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
STEVE KNUTH

Mailing Address 887 HIGHLANDER TRAIL

City	State	Zip Code
HUDSON	WI	54016

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PUBLIC AFFAIRS CO	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123953

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEVEN R KNUTH

Mailing Address **887 HIGHLANDER TRAIL**

City State Zip Code
HUDSON WI 54016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PUBLIC AFFAIRS CO CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123955

Date of Receipt
M M / D D / Y Y Y Y
08 20 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
THOMAS E KNUTSON, J

Mailing Address **52 CATERA CT**

City State Zip Code
MARTINSBURG WV 25403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123957

Date of Receipt
M M / D D / Y Y Y Y
08 20 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KRISTIN KOCAN

Mailing Address **27W179 GALUSHA AVE**

City State Zip Code
WARRENVILLE IL 60555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AT&T ENGINEER MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123959

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **3200.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL D KOCH

Mailing Address 5374 MOONLITE DR

City State Zip Code
DE PERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123961

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RICK KOCH

Mailing Address 36 S HUDSON STREET

City State Zip Code
SEATTLE WA 98134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALL CITY FENCE CO OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123963

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BRIAN KOCINSKI

Mailing Address 2510 N 90TH STREET

City State Zip Code
WAUWATOSA WI 53226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128696

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHERRI KOELBEL

Mailing Address **4835 S. GAYLORD STREET**

City State Zip Code
CHERRY HILLS VILAGE CO 80113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123965

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
AARON KOELSCH

Mailing Address **4904 KEATING ROAD NW**

City State Zip Code
OLYMPIA WA 98502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KOELSCH SENIOR COMMUNITIES OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1700.00

Transaction ID : SA17A.123967

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

1700.00

C. Full Name (Last, First, Middle Initial)
JEROME J KOHEL

Mailing Address **5544 GULL PRAIRIE WA**

City State Zip Code
KALAMAZOO MI 49048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123969

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **2950.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARY KOHLER

Mailing Address 630 RIVERFRONT DR

City State Zip Code
SHEBOYGAN WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINDWAY FOUNDATION VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2750.00

Transaction ID : SA17A.123971

Date of Receipt
MM / DD / YYYY
07 / 10 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2750.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MARY KOHLER

Mailing Address 630 RIVERFRONT DR

City State Zip Code
SHEBOYGAN WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINDWAY FOUNDATION VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123972

Date of Receipt
MM / DD / YYYY
07 / 10 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-50.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARY KOHLER

Mailing Address 630 RIVERFRONT DR

City State Zip Code
SHEBOYGAN WI 53081

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINDWAY FOUNDATION VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2750.00

Transaction ID : SA17A.123973

Date of Receipt
MM / DD / YYYY
07 / 10 / 2015

REDESIGNATED

Amount of Each Receipt this Period
50.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TERRY J KOHLER

Mailing Address 630 RIVERFRONT DR

City State Zip Code
SHEBOYGAN WI 53081-4629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINDWAY CAPITAL CORP PRES/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Transaction ID : SA17A.123975

Date of Receipt
MM / DD / YYYY
07 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5500.00

B. Full Name (Last, First, Middle Initial)
TERRY J KOHLER

Mailing Address 630 RIVERFRONT DR

City State Zip Code
SHEBOYGAN WI 53081-4629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINDWAY CAPITAL CORP PRES/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2750.00

Transaction ID : SA17A.123976

Date of Receipt
MM / DD / YYYY
07 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2750.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
TERRY J KOHLER

Mailing Address 630 RIVERFRONT DR

City State Zip Code
SHEBOYGAN WI 53081-4629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINDWAY CAPITAL CORP PRES/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123977

Date of Receipt
MM / DD / YYYY
07 / 10 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-50.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TERRY J KOHLER

Mailing Address 630 RIVERFRONT DR

City State Zip Code
SHEBOYGAN WI 53081-4629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINDWAY CAPITAL CORP PRES/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2750.00

Transaction ID : SA17A.123978

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2015

REDESIGNATED

Amount of Each Receipt this Period
50.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TERRY J KOHLER

Mailing Address 630 RIVERFRONT DR

City State Zip Code
SHEBOYGAN WI 53081-4629

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINDWAY CAPITAL CORP PRES/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8150.00

Transaction ID : SA17A.123979

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2015

REFUND PENDING

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
RICHARD KOHN

Mailing Address 3403 S 46TH STREET

City State Zip Code
LINCOLN NE 68506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123981

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANITA KOLB

Mailing Address 1703 PEARL ST

City State Zip Code
WAUKESHA WI 53186

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WI EAR MOLD CO MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123983

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
PATRICIA KOLBER

Mailing Address 70 WEST MADISON STREET

City State Zip Code
CHICAGO IL 60602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.123985

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
VINCENT A KOLBER

Mailing Address 70 W MADISON STREET, SU

City State Zip Code
CHICAGO IL 60602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RESIDCO PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.123987

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 8100.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VINCENT A KOLBER

Mailing Address 70 W MADISON STREET, SU

City	State	Zip Code
CHICAGO	IL	60602

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RESIDCO	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123988

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SHEILA KOMAREK

Mailing Address 1417 SPYGLASS CT

City	State	Zip Code
ITASCA	IL	60143

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123989

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOEL KONICEK

Mailing Address 6810 HOODS CREEK ROAD

City	State	Zip Code
FRANKSVILLE	WI	53126

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BRIDGESTONE CAPITAL LLC	0

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123991

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KENNETH KONIG

Mailing Address 1915 HIGHLAND AVE

City State Zip Code
WAUKESHA WI 53186

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GREATER MILWAUKEE COIN COIN DEALER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.123993

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
CHRIS AND KRISTEN KOPINSKI

Mailing Address 717 PATRICIA STREET

City State Zip Code
WASHINGTON IL 61571

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CATERPILLAR SUPPLY CHAIN MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.123995

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MICHAEL KORMAN

Mailing Address 6113 BEARD AVE S

City State Zip Code
EDINA MN 55410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KORMAN LLC BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.123997

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL KORMAN

Mailing Address 6113 BEARD AVE S

City	State	Zip Code
EDINA	MN	55410

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KORMAN LLC	BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123998

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
MICHAEL KORMAN

Mailing Address 6113 BEARD AVE S

City	State	Zip Code
EDINA	MN	55410

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KORMAN LLC	BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.123999

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial)
MICHAEL KORMAN

Mailing Address 6113 BEARD AVE S

City	State	Zip Code
EDINA	MN	55410

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KORMAN LLC	BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124000

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD KORPAN

Mailing Address 31483 MORNING STAR DR.

City State Zip Code
EVERGREEN CO 80439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124002

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
RICHARD KORPAN

Mailing Address 31483 MORNING STAR DR.

City State Zip Code
EVERGREEN CO 80439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124003

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
KATHY KORT

Mailing Address 2730 WILLOW POINT DR

City State Zip Code
DELANAN WI 53115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124005

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ADAM KOSLOSKY

Mailing Address 13708 CUMING STREET

City	State	Zip Code
OMAHA	NE	68154

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MAGNOLIA METAL CORP.	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124007

Date of Receipt
MM / DD / YYYY
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MICHAEL KOSLOSKY

Mailing Address PO BOX 181

City	State	Zip Code
NEBRASKA CITY	NE	68410

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MAGNOLIA METAL CORP	PRES.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124009

Date of Receipt
MM / DD / YYYY
07 / 21 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PIERCE KOSLOSKY JR

Mailing Address 12908 BINNEY STREET

City	State	Zip Code
OMAHA	NE	68164

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MAGNOLIA METAL CORPORATION	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124011

Date of Receipt
MM / DD / YYYY
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAFNI KOTHARI

Mailing Address 11 WALNUT STREET

City State Zip Code
LEXINGTON MA 02421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124019

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
SP KOTHARI

Mailing Address 11 WALNUT STREET

City State Zip Code
LEXINGTON MA 02421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIT PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124021

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DEMETRIOS KOUZOUKAS

Mailing Address 15552 57TH PLACE N

City State Zip Code
PLYMOUTH MN 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124023

Date of Receipt
M M / D D / Y Y Y Y
08 / 08 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEFFREY KOWAL

Mailing Address **W343N6229 S BAYVIEW**

City State Zip Code
OCONOMOWOC WI 53066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124025

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JUDITH KOZACIK

Mailing Address **7 WIRT STREET NW**

City State Zip Code
LEESBURG VA 20176

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124027

Date of Receipt
M M / D D / Y Y Y Y
08 05 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WARREN KOZITZA

Mailing Address **N8805 1060TH ST**

City State Zip Code
RIVER FALLS WI 54022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REIS IN AGENCY INSURANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124029

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY M KOZNICK

Mailing Address 1111 E MCCOY BLVD

City State Zip Code
TOMAH WI 54660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124031

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RANDY KOZUCH

Mailing Address 706 ROSE SQ

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NATIONAL RIFLE ASSOCIATION DIRECTOR OF POLITICAL AFF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124033

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CHARLES W KRAEMER

Mailing Address 335 PARK LN

City State Zip Code
LAKE BLUFF IL 60044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INSURANCE BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.124034

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 1350.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOSEPH KRAEMER

Mailing Address **W293N7383 TAMRON LANE**

City **HARTLAND** State **WI** Zip Code **53029**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WISCONSIN METALWORKING** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124036

Date of Receipt
M M / D D / Y Y Y Y
07 / 07 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
KYLE J KRAEMER

Mailing Address **S12425 GARDEN PATH**

City **SPRING GREEN** State **WI** Zip Code **53588**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KRAEMER BROTHERS** Occupation **GENERAL CONTRACTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124038

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PAUL KRAEMER

Mailing Address **8613 S PARKLAND CT**

City **FRANKLIN** State **WI** Zip Code **53132**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE STARR GROUP** Occupation **INSURANCE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124040

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **3450.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HAROLD KRAFT

Mailing Address 4100 NEWPORT PLACE D

City	State	Zip Code
NEWPORT BEACH	CA	92660

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	FINANCIAL ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124042

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			09			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
TOM KRAMER

Mailing Address 925 PARK AVE

City	State	Zip Code
PLAIN	WI	53577

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KRAEMER BROTHERS	GENERAL CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124044

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			07			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
WILLIAM A KRAMER

Mailing Address 2626 HOWELL ST

City	State	Zip Code
DALLAS	TX	75204

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
REPUBLIC TITLE OF TEXAS INC	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124046

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			28			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MATTHEW KREMER

Mailing Address 4909 MURPHY CANYON ROAD, SUITE 220

City	State	Zip Code
SAN DIEGO	CA	92123

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124054

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
JOSEPH KRESL

Mailing Address 12600 GREMOOR DRIVE

City	State	Zip Code
ELM GROVE	WI	53122

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HAWKS LANDSCAPE	N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124056

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
DONALD F KRESS

Mailing Address P.O. BOX 11564

City	State	Zip Code
GREEN BAY	WI	54307

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124058

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID KREUSER

Mailing Address 3960 CROYDON RD.

City State Zip Code
PENSACOLA FL 32514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124060

Date of Receipt

M M / D D / Y Y Y Y
09 04 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DAVID KREUSER

Mailing Address 3960 CROYDON RD.

City State Zip Code
PENSACOLA FL 32514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
258.00

Transaction ID : SA17A.124061

Date of Receipt

M M / D D / Y Y Y Y
09 10 2015

Amount of Each Receipt this Period

8.00

C. Full Name (Last, First, Middle Initial)
JOSEPH R KRIER

Mailing Address 15060 CADILLAC DRIVE

City State Zip Code
SAN ANTONIO TX 78248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KCGI INC. CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124063

Date of Receipt

M M / D D / Y Y Y Y
09 14 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **758.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL KRIOZERE

Mailing Address **6335 EL CAMINO DEL TEATRO**

City State Zip Code
LA JOLLA CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.124065

Date of Receipt
M M / D D / Y Y Y Y
08 07 2015

Amount of Each Receipt this Period
220.00

B. Full Name (Last, First, Middle Initial)
THOMAS KRIST

Mailing Address **1798 WHITE PINE TRAIL**

City State Zip Code
RICHFIELD WI 53076

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124067

Date of Receipt
M M / D D / Y Y Y Y
07 02 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RICK KRIVA

Mailing Address **1063 ACORN WAY**

City State Zip Code
CARY IL 60013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HONEYWELL VP GLOBAL REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124069

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1470.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARJORIE KRIZEK

Mailing Address **PO BOX 477**

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124071

Date of Receipt
M M / D D / Y Y Y Y
07 09 2015

REATTRIBUTED

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RONALD KRIZEK

Mailing Address **1815 WEDGEWOOD DR E**

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE KRIZEK GROUP BUSINESS SUCCESSION & ESTATE PLA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124073

Date of Receipt
M M / D D / Y Y Y Y
07 09 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RONALD KRIZEK

Mailing Address **1815 WEDGEWOOD DR E**

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE KRIZEK GROUP BUSINESS SUCCESSION & ESTATE PLA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124074

Date of Receipt
M M / D D / Y Y Y Y
07 09 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-500.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **1000.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM J KROCHALIS

Mailing Address 918 TYNER WAY

City	State	Zip Code
INCLINE VILLA	NV	89451

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.124076

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

_____ 1000.00

B. Full Name (Last, First, Middle Initial)
WILLY KRUSELL

Mailing Address 1060 LAKESHORE BLVD

City	State	Zip Code
INCLINE VILLAGE	NV	89451

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124078

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

_____ 250.00

C. Full Name (Last, First, Middle Initial)
EDWARD KRUSLING

Mailing Address 227 ROCK CRYSTAL LANE

City	State	Zip Code
LAKESIDE PARK	KY	41017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ST. ELIZABETH PHYSICIANS	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.124080

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

_____ 2700.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3950.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) BILLIE W KUBLY		Transaction ID : SA17A.124082	
Mailing Address 1442 GALEON DRIVE		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2015	
City NAPLES	State FL	Zip Code 34102	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period <input type="text" value="1000.00"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	

B. Full Name (Last, First, Middle Initial) JANE KUCKS		Transaction ID : SA17A.124083	
Mailing Address PO BOX 1386		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2015	
City EAST ORLEANS	State MA	Zip Code 02643	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period <input type="text" value="200.00"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="300.00"/>	

C. Full Name (Last, First, Middle Initial) JAMES KUDERA		Transaction ID : SA17A.124085	
Mailing Address 1130 PANORAMA DR		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2015	
City COVINGTON	State KY	Zip Code 41011	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period <input type="text" value="500.00"/>	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="500.00"/>	

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GREGORY KUKULSKI

Mailing Address **2427 CHIPPEWA COURT**

City State Zip Code
LISLE IL 60532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINN MATHAS INC ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
475.00

Transaction ID : SA17A.124086

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
275.00

B. Full Name (Last, First, Middle Initial)
JOSEPH KULIFAY

Mailing Address **PO BOX 18099**

City State Zip Code
FAIRFIELD OH 45018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BRONCO EXCAVATING INC CONSTRUCTION SUPERVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124088

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
J EDWARD KULTGEN

Mailing Address **PO BOX 28**

City State Zip Code
WACO TX 76703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BIRD-KULTGEN, INC. AUTO DEALER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124089

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **625.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KENNETH KUMERLE

Mailing Address 3317 CONSERVANCY LN

City State Zip Code
CHARLESTON SC 29414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
215.00

Transaction ID : SA17A.124090

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
35.00

B. Full Name (Last, First, Middle Initial)
KENNETH KUMERLE

Mailing Address 3317 CONSERVANCY LN

City State Zip Code
CHARLESTON SC 29414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17A.124091

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2015

Amount of Each Receipt this Period
20.00

C. Full Name (Last, First, Middle Initial)
FRED S KUMMER

Mailing Address 11 SQUIRES LN

City State Zip Code
SAINT LOUIS MO 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HBE CORP PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.124093

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
10800.00

Subtotal Of Receipts This Page (optional).....▶ 10855.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRED S KUMMER

Mailing Address 11 SQUIRES LN

City State Zip Code
SAINT LOUIS MO 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HBE CORP PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124094

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRED S KUMMER

Mailing Address 11 SQUIRES LN

City State Zip Code
SAINT LOUIS MO 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HBE CORP PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124095

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRED S KUMMER

Mailing Address 11 SQUIRES LN

City State Zip Code
SAINT LOUIS MO 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HBE CORP PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124096

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JUNE KUMMER

Mailing Address 11 SQUIRES LN

City SAINT LOUIS State MO Zip Code 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124098

Date of Receipt
MM / DD / YYYY
07 / 24 / 2015

REATTRIBUTED; SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JUNE KUMMER

Mailing Address 11 SQUIRES LN

City SAINT LOUIS State MO Zip Code 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124099

Date of Receipt
MM / DD / YYYY
07 / 24 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JUNE KUMMER

Mailing Address 11 SQUIRES LN

City SAINT LOUIS State MO Zip Code 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124100

Date of Receipt
MM / DD / YYYY
07 / 24 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEN KUMMER

Mailing Address 27281 LAKEWAY CT.

City	State	Zip Code
BONITA SPRINGS	FL	34134

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ABRASIVE FORM INC	MFG.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17A.124101

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

_____ 500.00

B. Full Name (Last, First, Middle Initial)
MAXINE KUNKEL

Mailing Address 1490 SW FLOUNDER LANE

City	State	Zip Code
PORT ST LUCIE	FL	34953

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Transaction ID : SA17A.124102

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period

_____ 200.00

C. Full Name (Last, First, Middle Initial)
THORNTON KUNTZ, JR.

Mailing Address 3650 TARN COURT

City	State	Zip Code
MARIETTA	GA	30062

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MIMEDX GROUP, INC	SR. VICE PRESIDENT ADMINISTRATION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.124104

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period

_____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1700.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAN L KUNZ

Mailing Address **N2151 SUNSET LN**

City State Zip Code
LA CROSSE WI 54601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124106

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
VICKY L KUNZ

Mailing Address **N2151 SUNSET LN**

City State Zip Code
LA CROSSE WI 54601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124108

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
VICKY L KUNZ

Mailing Address **N2151 SUNSET LN**

City State Zip Code
LA CROSSE WI 54601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124109

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RAYMOND KURLAK

Mailing Address **27 FENNELL ST, B208**

City State Zip Code
SKANEATELES NY 13152

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124111

Date of Receipt

06 / 24 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
MARGARET KUSKA

Mailing Address **13849 SUNBURST DRIVE**

City State Zip Code
BIGFORK MT 59911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124112

Date of Receipt

09 / 17 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
EDWARD KUTLER

Mailing Address **6405 TREE TOP CIRCLE**

City State Zip Code
COLUMBIA MD 21045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MERCURY LOBBYIST/CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124114

Date of Receipt

06 / 19 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional)..... **3050.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRUCE LABOON

Mailing Address **PO BOX 1249**

City State Zip Code
FREDERICKSBUR TX 78624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOCKE LORD BISSELL & LIDDELL ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124116

Date of Receipt
M M / D D / Y Y Y Y
07 30 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT LABRASH

Mailing Address **2590 COHANSEY ST.**

City State Zip Code
ROSEVILLE MN 55113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.124117

Date of Receipt
M M / D D / Y Y Y Y
07 19 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
VICTORIA LA CROIX

Mailing Address **5139 BAILEY ROAD**

City State Zip Code
DELANAN WI 53115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124119

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GORDON LAHTI

Mailing Address **1177 CALIFORNIA STREET
#1212**

City State Zip Code
SAN FRANCISCO CA 94108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SWISS REINSURANCE AMERICA MARKETING EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124121

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
GORDON LAHTI

Mailing Address **1177 CALIFORNIA STREET
#1212**

City State Zip Code
SAN FRANCISCO CA 94108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SWISS REINSURANCE AMERICA MARKETING EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
310.00

Transaction ID : SA17A.124122

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

60.00

C. Full Name (Last, First, Middle Initial)
RIMA LAL

Mailing Address **4195 CHAPEL HILL COURT**

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128717

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ **310.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VISHAL LAL

Mailing Address 4195 CHAPEL HILL COURT

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ADVANCE CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124124

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
VISHAL LAL

Mailing Address 4195 CHAPEL HILL COURT

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ADVANCE CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128715

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ANTHONY LAMANDO

Mailing Address 7710 ALBORZ DR

City State Zip Code
RALEIGH NC 27612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED HOME INSPECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124126

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT LAMB

Mailing Address 119 CARTERWOODS DR

City State Zip Code
WARNER ROBINS GA 31088

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124128

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DENNIS LAMERS

Mailing Address 1445 MCMAHON DR

City State Zip Code
NEENAH WI 54956

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCMAHON ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124130

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RICHARD LANDIS

Mailing Address 5790 MIDNIGHT PASS ROAD, 601A

City State Zip Code
SARASOTA FL 34242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124132

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWIN LANDON

Mailing Address **537 WESTMOUNT LN**

City State Zip Code
VENICE FL 34293-4427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124134

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JEAN LANDREMAN

Mailing Address **528 E 14TH STREET**

City State Zip Code
KAUKAUNA WI 54130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LANDREMAN'S FAMILY REST CO-OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.124136

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JOHN LANDRUM

Mailing Address **2405 BRAZORIA ST**

City State Zip Code
HOUSTON TX 77019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MHP INVESTORS LLC REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124138

Date of Receipt
M M / D D / Y Y Y Y
08 13 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **800.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANNE LANG

Mailing Address 100 E BELLEVUE #25F

City	State	Zip Code
CHICAGO	IL	60611

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124146

Date of Receipt

M M / D D / Y Y Y Y
08 / 01 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
GORDON E LANG

Mailing Address 5124 N ARDMORE AVE

City	State	Zip Code
WHITEFISH BAY	WI	53217

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124147

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
GORDON E LANG

Mailing Address 5124 N ARDMORE AVE

City	State	Zip Code
WHITEFISH BAY	WI	53217

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124148

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period

<input type="text" value="210.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK LANGENBAHN

Mailing Address **773 MAIDSTONE CT**

City State Zip Code
CINCINNATI OH 45230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SUN ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124150

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SAM LANGFORD

Mailing Address **17972 S. 25TH EAST AVE**

City State Zip Code
MOUNDS OK 74047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124152

Date of Receipt
M M / D D / Y Y Y Y
07 24 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KARL LANGKAMP

Mailing Address **10725 N 151ST EAST A**

City State Zip Code
OWASSO OK 74055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BP PIPELINE CONTROLLER SHIFT LEAD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.124153

Date of Receipt
M M / D D / Y Y Y Y
07 21 2015

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional)..... **950.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PETER LARDNER

Mailing Address 2828 96TH AVENUE CT

City	State	Zip Code
MILAN	IL	61264

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
LEE ENTERPRISES, INC	BUSINESS INTELLIGENCE ANALYST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124160

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
PAUL LARISH

Mailing Address 2600 PUALANI WAY

City	State	Zip Code
HONOLULU	HI	96815

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124161

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KEVIN LARKIN

Mailing Address 28655 OLD TOWNE ROAD

City	State	Zip Code
CHISAGO CITY	MN	55013

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
POWER DYNAMICS	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124163

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LARRY LARKIN

Mailing Address **W3170 S LAKESHORE DR**

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124165

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MARGARET LARKIN

Mailing Address **PO BOX 19751**

City State Zip Code
IRVINE CA 92623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.124167

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARGARET LARKIN

Mailing Address **PO BOX 19751**

City State Zip Code
IRVINE CA 92623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124168

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2300.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARGARET LARKIN

Mailing Address **PO BOX 19751**

City State Zip Code
IRVINE CA 92623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.124169

Date of Receipt
M M / D D / Y Y Y Y
07 15 2015

REDESIGNATED

Amount of Each Receipt this Period
2300.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TOM LARKIN

Mailing Address **PO BOX 19751**

City State Zip Code
IRVINE CA 92623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOMMAR LLC MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Transaction ID : SA17A.124171

Date of Receipt
M M / D D / Y Y Y Y
07 15 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
10000.00

C. Full Name (Last, First, Middle Initial)
TOM LARKIN

Mailing Address **PO BOX 19751**

City State Zip Code
IRVINE CA 92623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOMMAR LLC MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.124172

Date of Receipt
M M / D D / Y Y Y Y
07 15 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-5000.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **10000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TOM LARKIN

Mailing Address **PO BOX 19751**

City State Zip Code
IRVINE CA 92623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOMMAR LLC MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124173

Date of Receipt
M M / D D / Y Y Y Y
07 15 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2300.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TOM LARKIN

Mailing Address **PO BOX 19751**

City State Zip Code
IRVINE CA 92623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOMMAR LLC MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.124174

Date of Receipt
M M / D D / Y Y Y Y
07 15 2015

REDESIGNATED

Amount of Each Receipt this Period
2300.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DENISE M LARR

Mailing Address **455 SLATE RUN DRIVE**

City State Zip Code
POWELL OH 43065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LARR POLICY CONSULTING PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124176

Date of Receipt
M M / D D / Y Y Y Y
09 01 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **1000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 927 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD LARSON

Mailing Address 4920 S LOWES CREEK R

City State Zip Code
EAU CLAIRE WI 54701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LARSON DEVELOPMENT PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124184

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
SHERRILL A LARSON

Mailing Address 13510 BRAEMAR DRIVE

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124186

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
HELEN LASERSOHN

Mailing Address 304 NORTH AVE

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124188

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EVA LASKARIS

Mailing Address **31 CLARE ISLE DRIVE**

City State Zip Code
WISCONSIN DEL WI 53965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124198

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NICKOLAO LASKARIS

Mailing Address **P.O. BOX 5**

City State Zip Code
WISCONSIN DEL WI 53965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BIG CHIEF ENTERPRISES, INC. RESORT OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124200

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
NICKOLAO LASKARIS

Mailing Address **P.O. BOX 5**

City State Zip Code
WISCONSIN DEL WI 53965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BIG CHIEF ENTERPRISES, INC. RESORT OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124201

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ED LASTER

Mailing Address 7700 GREENWAY F301

City	State	Zip Code
DALLAS	TX	75209

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124203

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
DAVID LATCHFORD

Mailing Address 17210 CAMPBELL RD

City	State	Zip Code
DALLAS	TX	75252

FEC ID number of contributing federal political committee.

Name of Employer US OPERATING	Occupation ATTORNEY
----------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124205

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

C. Full Name (Last, First, Middle Initial)
BENNY LATHAM

Mailing Address 404 RIVERVIEW DR.

City	State	Zip Code
GEORGETOWN	TX	78628

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124207

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM P LATIMER

Mailing Address 218 HOMESTEAD RD

City State Zip Code
ALSTEAD NH 03602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124209

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
PETER LAUER

Mailing Address 118 BLACKLAND RD.

City State Zip Code
ATLANTA GA 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PEL V VENTURE INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124211

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
ILENE LAUFMAN

Mailing Address 317 EVERGLADE DRIVE

City State Zip Code
MADISON WI 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128692

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK LAUFMAN

Mailing Address 317 EVERGLADE DRIVE

City State Zip Code
MADISON WI 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124213

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MARK LAUFMAN

Mailing Address 317 EVERGLADE DRIVE

City State Zip Code
MADISON WI 53717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128690

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROBERT LAUTER

Mailing Address 9 ATLANTIC AVE

City State Zip Code
NORTH HAMPTON NH 03862

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MASTER SPAS INC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124215

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT LAVENDER

Mailing Address 1781 PINE LANE

City State Zip Code
PROVO UT 84604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124217

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
TREVOR LAVY

Mailing Address 5158 TURNHOUSE CIRCLE

City State Zip Code
FAYETTEVILLE AR 72704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124219

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DAVID LAWLER

Mailing Address 21124 SKIDMORE TERRACE, APT 216

City State Zip Code
STERLING VA 20166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RAYTHEON CHIEF ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124221

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID LAWLER

Mailing Address 21124 SKIDMORE TERRACE, APT 216

City	State	Zip Code
STERLING	VA	20166

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RAYTHEON	CHIEF ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124222

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

<input type="text" value="220.00"/>

B. Full Name (Last, First, Middle Initial)
BYRON H LAWRENCE

Mailing Address 426 SPENCER AVENUE

City	State	Zip Code
LANCASTER	PA	17603

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124223

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

Amount of Each Receipt this Period

<input type="text" value="150.00"/>

C. Full Name (Last, First, Middle Initial)
CONNIE LAWRENCE

Mailing Address 15 PASSAGE LANE

City	State	Zip Code
SALEM	SC	29676

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124225

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRUCE LEACH

Mailing Address 10724 SMALLWOOD AVE

City	State	Zip Code
DOWNEY	CA	90241

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LEACH GRAIN AND MILLINGS CO INC.	MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.124233

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			18			2015			

Amount of Each Receipt this Period
 _____ 300.00

B. Full Name (Last, First, Middle Initial)
MARLENE LEAK

Mailing Address 9904 E. 21ST PLACE

City	State	Zip Code
TULSA	OK	74129

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WALMART	PHARMACY OTC ASSISTANT/LANDLORD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124235

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			02			2015			

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM S LEAR

Mailing Address 100 E BELLEVUE PL APT 2

City	State	Zip Code
CHICAGO	IL	60611

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
THE CHICAGO CORPORATION	SENIOR ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124237

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2015			

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 800.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DIMITY LEATH

Mailing Address 4405 OLD BROOK RUN

City	State	Zip Code
BIRMINGHAM	AL	35243

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.124239

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			04			2015			

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
DEBORA LEATHERMAN

Mailing Address 11401 SW 87TH AVE

City	State	Zip Code
MIAMI	FL	33176

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.124241

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			28			2015			

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
PAUL LECKMAN

Mailing Address 115 171ST PL SE

City	State	Zip Code
BOTHELL	WA	98012

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 225.00

Transaction ID : SA17A.124243

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

Amount of Each Receipt this Period
 _____ 225.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1725.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BONNIE B LEE

Mailing Address **2477 NORTH 91ST STREET**

City **WAUWATOSA** State **WI** Zip Code **53226**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.124249

Date of Receipt

08 / 07 / 2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BONNIE B LEE

Mailing Address **2477 NORTH 91ST STREET**

City **WAUWATOSA** State **WI** Zip Code **53226**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2250.00

Transaction ID : SA17A.124250

Date of Receipt

09 / 09 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
GENEVA M LEE

Mailing Address **320 LEE ST APT 501**

City **OAKLAND** State **CA** Zip Code **94610**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.124251

Date of Receipt

09 / 28 / 2015

Amount of Each Receipt this Period

200.00

Subtotal Of Receipts This Page (optional)..... **1450.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES LEE

Mailing Address **2509 N BOSWORTH AVE**

City **CHICAGO** State **IL** Zip Code **60614**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KENSINGTON REALTY ADVISORS** Occupation **INVESTMENT ADVISOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124253

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOAN LEE

Mailing Address **2502 HARBOR CT**

City **FORT MYERS** State **FL** Zip Code **33908**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124254

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
LADONNA LEE

Mailing Address **4216 FILTER PLANT ROAD**

City **BELLVUE** State **CO** Zip Code **80512**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124256

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **3050.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TIM LEE

Mailing Address 3507 LOUPE CT

City State Zip Code
MISSOURI CITY TX 77459

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124258

Date of Receipt

/ /

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
JACQUELYN LEEDLE

Mailing Address N474 ARMSBY ROAD

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.124260

Date of Receipt

/ /

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
MARGARET B LEEF

Mailing Address W284 N5061 ROOSEVELT'S

City State Zip Code
PEWAUKEE WI 53072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124262

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **3500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

PAGE 943 / 2684

(check only one)
 16 17a 17b 17c 17d 18
 19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) BRUCE A LEFAVI		Transaction ID : SA17A.124264	
Mailing Address 2323 SOUTH FOOTHILL DRI		Date of Receipt M M / D D / Y Y Y Y 08 / 24 / 2015	
City SALT LAKE CIT	State UT	Zip Code 84109	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer LEFAVI WEALTH MANAGEMENT	Occupation FINANCIAL PLANNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>	
		Amount of Each Receipt this Period <input type="text" value="2700.00"/>	

B. Full Name (Last, First, Middle Initial) SCOTT LEGGETT		Transaction ID : SA17A.124266	
Mailing Address 6536 CORINTIA STREET		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2015	
City CARLSBAD	State CA	Zip Code 92009	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer SURGERY ONE LLC	Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>	

C. Full Name (Last, First, Middle Initial) ELROY LEHMANN		Transaction ID : SA17A.124268	
Mailing Address 6417 W KENSINGTON RD		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2015	
City OKLAHOMA CITY	State OK	Zip Code 73132	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="500.00"/>	
		Amount of Each Receipt this Period <input type="text" value="500.00"/>	

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELROY LEHMANN

Mailing Address **6417 W KENSINGTON RD**

City State Zip Code
OKLAHOMA CITY OK 73132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.124269

Date of Receipt
M M / D D / Y Y Y Y
06 27 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
ELROY LEHMANN

Mailing Address **6417 W KENSINGTON RD**

City State Zip Code
OKLAHOMA CITY OK 73132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17A.124270

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PETER LEIDEL

Mailing Address **1422 PRIVATE ROAD 11**

City State Zip Code
DIME BOX TX 77853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YORKTOWN PARTNERS LLC INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124272

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3300.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) WILLIAM LEIGHTON			Transaction ID : SA17A.124274																						
Mailing Address 5733 SHADY RIVER DR			Date of Receipt <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>07</td><td></td><td></td><td>26</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	07			26			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
07			26			2015																			
City HOUSTON	State TX	Zip Code 77057	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>			1000.00																			
1000.00																									
FEC ID number of contributing federal political committee. C			Election Cycle-to-Date 1000.00																						
Name of Employer GREATER HOUSTON ANESTHESIOLOGY		Occupation PHYSICIAN																							
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																							
B. Full Name (Last, First, Middle Initial) CHRISTOPHER LEINES			Transaction ID : SA17A.128782																						
Mailing Address PO BOX 353			Date of Receipt <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>06</td><td></td><td></td><td>18</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	06			18			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
06			18			2015																			
City MEDINA	State MN	Zip Code 55357	SEE REATTRIBUTION																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">-2700.00</td> </tr> </table>			-2700.00																			
-2700.00																									
Name of Employer MINNESOTA LIMITED		Occupation EXECUTIVE																							
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																							
C. Full Name (Last, First, Middle Initial) CHRISTOPHER LEINES			Transaction ID : SA17A.124276																						
Mailing Address PO BOX 353			Date of Receipt <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>06</td><td></td><td></td><td>24</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	06			24			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
06			24			2015																			
City MEDINA	State MN	Zip Code 55357	SEE REATTRIBUTION																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">5400.00</td> </tr> </table>			5400.00																			
5400.00																									
Name of Employer MINNESOTA LIMITED		Occupation EXECUTIVE																							
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																							

Subtotal Of Receipts This Page (optional).....▶

6400.00									
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Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WENDY LEINES

Mailing Address **PO BOX 353**

City State Zip Code
MEDINA MN 55357

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128784

Date of Receipt
M M / D D / Y Y Y Y
06 18 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CRAIG LEIPOLD

Mailing Address **555 MAIN STREET, STE 500**

City State Zip Code
RACINE WI 53403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MINNESOTA WILD NHL CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124278

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
CRAIG LEIPOLD

Mailing Address **555 MAIN STREET, STE 500**

City State Zip Code
RACINE WI 53403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MINNESOTA WILD NHL CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128737

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN R LEMMONS

Mailing Address 1973 ROSE VALLEY ROAD

City State Zip Code
KELSO WA 98626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124280

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			18			2015			

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
RICHARD LENDERMAN

Mailing Address 936 SPINNAKERS REACH DRIVE

City State Zip Code
PONTE VEDRA BEACH FL 32082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124282

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
CORDELIA LENZ

Mailing Address 3261 FOSTERS BRANCH ROA

City State Zip Code
CHARLOTTESVIL VA 22911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.124284

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

Amount of Each Receipt this Period

225.00

Subtotal Of Receipts This Page (optional).....▶

975.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CORDELIA LENZ

Mailing Address 3261 FOSTERS BRANCH ROA

City State Zip Code
CHARLOTTESVIL VA 22911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.124285

Date of Receipt

08 / 18 / 2015

Amount of Each Receipt this Period

225.00

B. Full Name (Last, First, Middle Initial)
DAVID LENZ

Mailing Address PO BOX 620994

City State Zip Code
MIDDLETON WI 53562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTH CENTRAL GROUP CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5500.00

Transaction ID : SA17A.124286

Date of Receipt

09 / 14 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
ROBERT J LEONARD

Mailing Address 20203 CHERRY RD NW

City State Zip Code
SOAP LAKE WA 98851

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124287

Date of Receipt

09 / 01 / 2015

Amount of Each Receipt this Period

150.00

Subtotal Of Receipts This Page (optional)..... **5775.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANTHONY LEONETTI

Mailing Address 2321 BOEGER AVE

City	State	Zip Code
WESTCHESTER	IL	60154

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PROLINE INSURANCE	INSURANCE AGENT/OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 150.00

Transaction ID : SA17A.63373

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	5

REATTRIBUTED

Amount of Each Receipt this Period
 150.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DEBRA LEONETTI

Mailing Address 2321 BOEGER AVE

City	State	Zip Code
WESTCHESTER	IL	60154

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 -150.00

Transaction ID : SA17A.63375

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period
 -150.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JAMES LESTE

Mailing Address 3437 VIA LOMA VIS

City	State	Zip Code
ESCONDIDO	CA	92029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 400.00

Transaction ID : SA17A.124290

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period
 400.00

Subtotal Of Receipts This Page (optional)..... 400.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JIM LESTER		Transaction ID : SA17A.124292	
Mailing Address 3703 MOUNT AIREY LANE		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2015	
City ANNANDALE	State VA	Zip Code 22003	
FEC ID number of contributing federal political committee.		C	
Name of Employer PROFESSIONAL ANALYSIS, INC.	Occupation BUSINESS OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	
		Amount of Each Receipt this Period 250.00	

B. Full Name (Last, First, Middle Initial) J W LEVELL		Transaction ID : SA17A.124294	
Mailing Address 2331 GUS THOMASSON, STE		Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2015	
City DALLAS	State TX	Zip Code 75228	
FEC ID number of contributing federal political committee.		C	
Name of Employer FIRST SOUTHWEST PROPERTIES	Occupation INVESTOR		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	
		Amount of Each Receipt this Period 1000.00	

C. Full Name (Last, First, Middle Initial) J WAYMON LEVELL		Transaction ID : SA17A.124296	
Mailing Address 3249 MARQUETTE ST.		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2015	
City DALLAS	State TX	Zip Code 75225	
FEC ID number of contributing federal political committee.		C	
Name of Employer SELF EMPLOYED	Occupation INVESTMENTS		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	
		Amount of Each Receipt this Period 1000.00	

Subtotal Of Receipts This Page (optional).....	2250.00
Total This Period (last page this line number only).....	2250.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHALRES C LEVERETT

Mailing Address 4204 PAGE ROAD

City	State	Zip Code
MORRISVILLE	NC	27560

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124298

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
CHARLES C LEVERETT

Mailing Address 4204 PAGE RD

City	State	Zip Code
MORRISVILLE	NC	27560

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124300

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			20			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
DANIEL LEVY

Mailing Address 1051 VIA REGINA

City	State	Zip Code
SANTA BARBARA	CA	93111

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
EMERGENCY PHYSICIAN	0

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124302

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PHIL LEVY

Mailing Address 2340 WOODPATH LN

City	State	Zip Code
HIGHLAND PARK	IL	60035

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THE CHICAGO COUNCIL ON GLOBAL AFFAIRS	ECONOMIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124304

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
FERRIS LEWALD

Mailing Address 61 FINGER AVENUE

City	State	Zip Code
REDWOOD CITY	CA	94062

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124306

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

<input type="text" value="210.00"/>

C. Full Name (Last, First, Middle Initial)
GEORGE LEWIS

Mailing Address 3100 MONTICELLO AVENUE, SUITE 150

City	State	Zip Code
DALLAS	TX	75205

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GEORGE LEWIS CUSTOM HOUSES	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124308

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN LEWIS

Mailing Address **3510 TURTLE CREEK BLVD**

City State Zip Code
DALLAS TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PRIVATE INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124310

Date of Receipt

07 / 16 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
THOMAS LEWIS

Mailing Address **S83 W20671 JANESVILLE ROAD**

City State Zip Code
MUSKEGO WI 53150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ASTRONAUTICS CORPORATION OF AMERICA MECHANICAL DESIGNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.124311

Date of Receipt

07 / 29 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
THOMAS LEWIS

Mailing Address **S83 W20671 JANESVILLE ROAD**

City State Zip Code
MUSKEGO WI 53150

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ASTRONAUTICS CORPORATION OF AMERICA MECHANICAL DESIGNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245.00

Transaction ID : SA17A.124312

Date of Receipt

08 / 10 / 2015

Amount of Each Receipt this Period

20.00

Subtotal Of Receipts This Page (optional)..... **620.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS LEWIS

Mailing Address **S83 W20671 JANESVILLE ROAD**

City **MUSKEGO** State **WI** Zip Code **53150**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ASTRONAUTICS CORPORATION OF AMERIC** Occupation **MECHANICAL DESIGNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
270.00

Transaction ID : SA17A.124313

Date of Receipt

08 / **18** / **2015**

Amount of Each Receipt this Period

25.00

B. Full Name (Last, First, Middle Initial)
HELEN LHO

Mailing Address **5300 WILLOW CREEK DRIVE**

City **CEDAR RAPIDS** State **WI** Zip Code **52404**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PMX INDUSTRIES** Occupation **VP**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124315

Date of Receipt

08 / **31** / **2015**

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
EDWIN LIDDLE

Mailing Address **888 PURDY STREET**

City **BIRMINGHAM** State **MI** Zip Code **48009**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124317

Date of Receipt

07 / **17** / **2015**

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **3225.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 955 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWIN LIDDLE

Mailing Address **888 PURDY STREET**

City	State	Zip Code
BIRMINGHAM	MI	48009

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124318

Date of Receipt
M M / D D / Y Y Y Y
 / /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ARLENE F LIEBERMAN

Mailing Address **12 30TH AVE**

City	State	Zip Code
VENICE	CA	90291

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124320

Date of Receipt
M M / D D / Y Y Y Y
 / /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
RAND & E LIEN

Mailing Address **645 SARI DR**

City	State	Zip Code
LAS VEGAS	NV	89110

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124322

Date of Receipt
M M / D D / Y Y Y Y
 / /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AARON LILLYBRIDGE

Mailing Address **518 LAUREL AVENUE**

City **WILMETTE** State **IL** Zip Code **60091**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124324

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LLOYD LIM

Mailing Address **1525 WILDER AVENUE #1008**

City **HONOLULU** State **HI** Zip Code **96822**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STATE IF HAWAII** Occupation **LAWYER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124326

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CINDY LIMBACH

Mailing Address **3220 W WAUPECAN RD**

City **VERONA** State **IL** Zip Code **60479**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EAGLE SKY PATROL** Occupation **PILOT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124328

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEFFREY W LIND

Mailing Address 460 165TH AVE

City	State	Zip Code
SOMERSET	WI	54025

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 450.00

Transaction ID : SA17A.124329

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

_____ 300.00

B. Full Name (Last, First, Middle Initial)
JANE LINDEMANN

Mailing Address 10417 LAKE RIDGE DRIVE

City	State	Zip Code
OAKTON	VA	22124

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124331

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period

_____ 250.00

C. Full Name (Last, First, Middle Initial)
JEFF LINDEMANN

Mailing Address 3886 N ROSE MEADOW LANE

City	State	Zip Code
APPLETON	WI	54313

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LEE BEVERAGE	BEER DISTRIBUTION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.124333

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

_____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1050.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID LINDENMAN

Mailing Address 14808 FONTHILL AVE

City State Zip Code
HAWTHORNE CA 90250

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORTHRUP GRUMMAN ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
425.00

Transaction ID : SA17A.124335

Date of Receipt

08 / 28 / 2015

Amount of Each Receipt this Period

425.00

B. Full Name (Last, First, Middle Initial)
WAYNE LINDHOLM

Mailing Address 25 VISTA MONTEMAR

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINDHOLM MANAGEMENT LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.124337

Date of Receipt

06 / 23 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

5000.00

C. Full Name (Last, First, Middle Initial)
WAYNE LINDHOLM

Mailing Address 25 VISTA MONTEMAR

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINDHOLM MANAGEMENT LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128799

Date of Receipt

06 / 23 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

-2300.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5425.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WAYNE LINDHOLM

Mailing Address **25 VISTA MONTEMAR**

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINDHOLM MANAGEMENT LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.128800

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2300.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DANIEL LINEHAN

Mailing Address **221 ARBOR LN**

City State Zip Code
GREEN BAY WI 54301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ORTHOPEDIC AND SPORTS MEDICINE ORTHOPEDIC SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124339

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
DANIEL LINEHAN

Mailing Address **221 ARBOR LN**

City State Zip Code
GREEN BAY WI 54301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ORTHOPEDIC AND SPORTS MEDICINE ORTHOPEDIC SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124340

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KIM LINEHAN

Mailing Address 1515 FOX RIDGE COURT

City State Zip Code
DE PERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124341

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

IN-KIND: CATERING SERVICES

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
KIM LINEHAN

Mailing Address 1515 FOX RIDGE COURT

City State Zip Code
DE PERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124342

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

REATTRIBUTED, TO BE REFUNDED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KIM LINEHAN

Mailing Address 1515 FOX RIDGE COURT

City State Zip Code
DE PERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128797

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

REATTRIBUTED, TO BE REFUNDED

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 2700.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 961 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KIM LINEHAN

Mailing Address 1515 FOX RIDGE COURT

City	State	Zip Code
DE PERE	WI	54115

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128798

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2015

REATTRIBUTED, REFUNDED

Amount of Each Receipt this Period
 _____ 0.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DAVID LIONETT

Mailing Address 11157 SIERRA PALM CT

City	State	Zip Code
FORT MYERS	FL	33966

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation FINANCIAL REP
-----------------------------------	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.124344

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
RONALD LIPSEY

Mailing Address PO BOX 7795

City	State	Zip Code
AVON	CO	81620

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.124346

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

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-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUZANNE LIPSEY

Mailing Address PO BOX 7795

City	State	Zip Code
AVON	CO	81620

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124348

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
SUZANNE LIPSEY

Mailing Address PO BOX 7795

City	State	Zip Code
AVON	CO	81620

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124349

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SUZANNE LIPSEY

Mailing Address PO BOX 7795

City	State	Zip Code
AVON	CO	81620

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124350

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
M J LISLE

Mailing Address **6639 N LONGMEADOW**

City State Zip Code
LINCOLNWOOD IL 60712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124352

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
NOEL S LISTON

Mailing Address **211 S STONE AVENUE**

City State Zip Code
LA GRANGE IL 60525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DARWIN REALTY BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.124354

Date of Receipt

09 / 14 / 2015

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
ALEKSEY LISTOVNICH

Mailing Address **15179 BEVERLY DRIVE, AP**

City State Zip Code
PHILADELPHIA PA 19116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DAY & ZIMMERMANN PROGRAMMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124356

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **1050.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JON LITSCHER

Mailing Address 300 STARKWEATHER DR

City State Zip Code
BEAVER DAM WI 53916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124358

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GEORGE S LITTELL

Mailing Address 5300 MEMORIAL DR

City State Zip Code
HOUSTON TX 77007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GROPPE, LONG & LITTELL PETROLEUM CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124359

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
2650.00

C. Full Name (Last, First, Middle Initial)
FRED LITTLE

Mailing Address 426 BROADWAY ST

City State Zip Code
CLOQUET MN 55720-1749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.124360

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 3000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRED LITTLE

Mailing Address 426 BROADWAY ST

City	State	Zip Code
CLOQUET	MN	55720-1749

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 400.00

Transaction ID : SA17A.124361

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
100.00

B. Full Name (Last, First, Middle Initial)
TRACY LITTLE

Mailing Address 3728 PARK RIDGE LN

City	State	Zip Code
LEXINGTON	KY	40509

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 300.00

Transaction ID : SA17A.124363

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
300.00

C. Full Name (Last, First, Middle Initial)
AIMEE LOCKE

Mailing Address 601 CONTOUR DRIVE

City	State	Zip Code
SAN ANTONIO	TX	78212

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 2700.00

Transaction ID : SA17A.124365

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
2700.00

Subtotal Of Receipts This Page (optional).....▶
3100.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AIMEE LOCKE

Mailing Address **601 CONTOUR DRIVE**

City State Zip Code
SAN ANTONIO TX 78212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124366

Date of Receipt
M M / D D / Y Y Y Y
07 01 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
AIMEE LOCKE

Mailing Address **601 CONTOUR DRIVE**

City State Zip Code
SAN ANTONIO TX 78212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124367

Date of Receipt
M M / D D / Y Y Y Y
07 01 2015

CHARGEBACK

Amount of Each Receipt this Period
-2700.00

C. Full Name (Last, First, Middle Initial)
JOHN R LOCKE

Mailing Address **100 W HOUSTON STREET, S**

City State Zip Code
SAN ANTONIO TX 78205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124369

Date of Receipt
M M / D D / Y Y Y Y
08 18 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN R LOCKE

Mailing Address 100 W HOUSTON STREET, S

City State Zip Code
SAN ANTONIO TX 78205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.124370

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
NINA LOCKE

Mailing Address 1808 SUMMERFIELD ROAD

City State Zip Code
WINTER PARK FL 32792

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124372

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM LOCKE

Mailing Address 601 CONTOUR DRIVE

City State Zip Code
SAN ANTONIO TX 78212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PIONEER ENERGY SERVICES PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124374

Date of Receipt

/ /

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHERYL LOEHR

Mailing Address 708 WELL ST

City: ONALASKA State: WI Zip Code: 54650

FEC ID number of contributing federal political committee.

Name of Employer: ST. PAULS LUTHERAN SCHOOL Occupation: SERVER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1500.00

Transaction ID : SA17A.124380

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
ROBERT LOGAN

Mailing Address 100 BEACHVIEW DR

City: VERO BEACH State: FL Zip Code: 32963

FEC ID number of contributing federal political committee.

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Transaction ID : SA17A.124382

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
DALE LONDON

Mailing Address 49630 CANYON VIEW DRIVE

City: PALM DESERT State: CA Zip Code: 92260

FEC ID number of contributing federal political committee.

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.124384

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
 1000.00

Subtotal Of Receipts This Page (optional)..... 3000.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY LONG

Mailing Address **PO BOX 398**

City State Zip Code
INKOM ID 83245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LONG CONSULTING LLC MARKETING CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124386

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
RICHARD W LONG

Mailing Address **8312 BEAVER LAKE DR**

City State Zip Code
SAN DIEGO CA 92119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DIVING UNLIMITED INTN'L CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124388

Date of Receipt
M M / D D / Y Y Y Y
07 30 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RYAN LONG

Mailing Address **16 S LEXINGTON STREET**

City State Zip Code
ARLINGTON VA 22204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BCR GROUP CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124390

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **4700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BERNADET LONGDEN

Mailing Address 5211 ALEXANDER DR

City State Zip Code
RACINE WI 53402

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124392

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			26			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
CARL LONGNECKER

Mailing Address 9536 CAVENDISH DR

City State Zip Code
TAMPA FL 33626

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124394

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
PAUL LOPEZ

Mailing Address 910 CLEVELAND RD

City State Zip Code
HINSDALE IL 60521

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124396

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			23			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 973 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONNA J LORGE

Mailing Address 306 N SEGOE RD

City State Zip Code
MADISON WI 53705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17A.124402

Date of Receipt

M M / D D / Y Y Y Y
09 / 28 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
CLEO LOSINSKI

Mailing Address S2972 WAUMANDEE CREEK ROAD

City State Zip Code
FOUNTAIN CITY WI 54929

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124404

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JAMES LOUGHLIN

Mailing Address 273 LONG COVE DR

City State Zip Code
HILTON HEAD I SC 29928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124406

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 974 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWARD LOUIS

Mailing Address **645 N WREN AVE**

City State Zip Code
PALATINE IL 60067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.124407

Date of Receipt

07 / 24 / 2015

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
J J LOUIS

Mailing Address **227 W MONROE ST**

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PARSON CAPITAL CORP. CO-FOUNDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.124409

Date of Receipt

08 / 07 / 2015

Amount of Each Receipt this Period

2000.00

C. Full Name (Last, First, Middle Initial)
CAROLINE LOWDEN

Mailing Address **1725 W POINT CIRCLE**

City State Zip Code
MARIETTA GA 30068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124411

Date of Receipt

08 / 04 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **2450.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 975 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES LOWENSTEIN

Mailing Address 1006 VILLA DRIVE

City	State	Zip Code
MELBOURNE	FL	32940

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
KAPLAN PROFESSIONAL EDUCATION	EDITOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124412

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="75.00"/>

B. Full Name (Last, First, Middle Initial)
CHARLES LOWENSTEIN

Mailing Address 1006 VILLA DRIVE

City	State	Zip Code
MELBOURNE	FL	32940

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
KAPLAN PROFESSIONAL EDUCATION	EDITOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124413

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="10.00"/>

C. Full Name (Last, First, Middle Initial)
CHARLES LOWENSTEIN

Mailing Address 1006 VILLA DRIVE

City	State	Zip Code
MELBOURNE	FL	32940

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
KAPLAN PROFESSIONAL EDUCATION	EDITOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124414

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="12.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NANCY LUCHT

Mailing Address **20 CHURCH ST**

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124421

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			17			2015			

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
THOMAS J LUCKE

Mailing Address **801 MEADOW LN**

City State Zip Code
WISCONSIN DELLS WI 53965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WILDERNESS RESORT OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124423

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			24			2015			

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
MARIA V LUDDY

Mailing Address **4641 PARAGON PARK RD**

City State Zip Code
RALEIGH NC 27616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124425

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2015			

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **5450.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT L LUDDY

Mailing Address 4641 PARAGON PARK RD

City	State	Zip Code
RALEIGH	NC	27616

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CAPTIVE-AIRE SYSTEMS INC	C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124427

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
GLEN LUDWIG

Mailing Address 109 E 3RD ST

City	State	Zip Code
SAN BERNARDIN	CA	92410

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	CIVIL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124429

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			28			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CHARLES LUELLEN

Mailing Address 7103 WEST RIM DR.

City	State	Zip Code
AUSTIN	TX	78731

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124431

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 979 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JASON LUJAN

Mailing Address 4630 E TALMADGE DR

City State Zip Code
SAN DIEGO CA 92116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANESTHESIA SERVICE MEDICAL GROUP PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124433

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JASON LUJAN

Mailing Address 4630 E TALMADGE DR

City State Zip Code
SAN DIEGO CA 92116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANESTHESIA SERVICE MEDICAL GROUP PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124434

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JASON LUJAN

Mailing Address 4630 E TALMADGE DR

City State Zip Code
SAN DIEGO CA 92116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANESTHESIA SERVICE MEDICAL GROUP PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.124435

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
J. C LUNDQUIST

Mailing Address **5330 AYERS ST**

City	State	Zip Code
CORPUS CHRIST	TX	78415

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124437

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
JONATHAN LUPO

Mailing Address **1 BUTTERNUT HOLLOW ROAD**

City	State	Zip Code
GREENWICH	CT	06830

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124439

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
VITO LUPPINO

Mailing Address **140 PROSPECT AVE**

City	State	Zip Code
HACKENSACK	NJ	07601

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124441

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **2250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID LUPTON

Mailing Address **N2346 FOREST RUN**

City **OCONOMOWOC** State **WI** Zip Code **53066**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124443

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
VIC LUTZ

Mailing Address **843 E. SOUTH STREET**

City **APPLETON** State **WI** Zip Code **54911**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MCMAHON** Occupation **CFO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124445

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
LETTY LUTZKER

Mailing Address **408 S 2ND ST**

City **BANGOR** State **PA** Zip Code **18013**

FEC ID number of contributing federal political committee. **C**

Name of Employer **IMAGERY CONSULTANT OF ESSEX** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124447

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS LUTZOW

Mailing Address 4444 N 110TH ST

City State Zip Code
WAUWATOSA WI 53225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ICARE (INDEPENDENT CARE HEALTH PLAN) ICARE (INDEPENDENT CARE HEALTH PLAN)

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124449

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DON LYLE

Mailing Address 1287 SILVERADO STREET

City State Zip Code
LA JOLLA CA 92037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124451

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DAVID LYNCH

Mailing Address 2300 BROWNS LAKE DR

City State Zip Code
BURLINGTON WI 53105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LYNCH CHEVROLET OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124453

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM D LYNCH

Mailing Address **PO BOX 2207**

City State Zip Code
RANCHO SANTA CA 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE WILLIAM D LYNCH COMPANY PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.124455

Date of Receipt
M M / D D / Y Y Y Y
07 30 2015

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
ROBERT MACAULAY

Mailing Address **1191 2ND AVE**

City State Zip Code
SEATTLE WA 98101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124457

Date of Receipt
M M / D D / Y Y Y Y
08 04 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES J MACCO

Mailing Address **925 DEERWOOD CT**

City State Zip Code
ONEIDA WI 54155

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124459

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **2000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES J MACCO

Mailing Address 925 DEERWOOD CT

City State Zip Code
ONEIDA WI 54155

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.124460

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ROBERT MACDONALD

Mailing Address 211 RUE DU MAURIER

City State Zip Code
LAFAYETTE LA 70503

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124462

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LARAMER MACE

Mailing Address 260 E MARAPAI RD

City State Zip Code
PRESCOTT AZ 86303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.124463

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional).....▶ 700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DREW MACEWEN

Mailing Address PO BOX 651

City State Zip Code
UNION WA 98592

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WA HOUSE OF REPRESENTATIVES STATE REPRESENTATIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124465

Date of Receipt

M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
DREW MACEWEN

Mailing Address PO BOX 651

City State Zip Code
UNION WA 98592

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WA HOUSE OF REPRESENTATIVES STATE REPRESENTATIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124466

Date of Receipt

M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
LANNING MACFARLAND

Mailing Address 2500 INDIGO LN UNIT 108

City State Zip Code
GLENVIEW IL 60026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.124467

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ 5500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STU MACGIBBON

Mailing Address 13533 GLASGOW LANE

City	State	Zip Code
APPLE VALLEY	MN	55124

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.124469

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> 1000.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS J MACGINNITI

Mailing Address 505 BROOKFIELD DR

City	State	Zip Code
ATLANTA	GA	30342

FEC ID number of contributing federal political committee.

Name of Employer STATE OF GEORGIA	Occupation REVENUE COMMISIONER
--------------------------------------	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Transaction ID : SA17A.124471

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

<input type="text" value=""/> 5400.00

C. Full Name (Last, First, Middle Initial)
DOUGLAS J MACGINNITI

Mailing Address 505 BROOKFIELD DR

City	State	Zip Code
ATLANTA	GA	30342

FEC ID number of contributing federal political committee.

Name of Employer STATE OF GEORGIA	Occupation REVENUE COMMISIONER
--------------------------------------	-----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.124472

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

<input type="text" value=""/> -2700.00
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 6400.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHELLE T MACGINNITI

Mailing Address 505 BROOKFIELD DR

City ATLANTA State GA Zip Code 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124474

Date of Receipt
MM / DD / YYYY
07 / 17 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STEVEN J MACK

Mailing Address N1807 SIDNEY SMITH L

City LAKE GENEVA State WI Zip Code 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PROPERTY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124476

Date of Receipt
MM / DD / YYYY
07 / 15 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
BRET MACKAY

Mailing Address 4542 LOMA VISTA DRIVE

City LA CANADA State CA Zip Code 91011

FEC ID number of contributing federal political committee. **C**

Name of Employer DLM DEVELOPMENT Occupation REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124478

Date of Receipt
MM / DD / YYYY
07 / 28 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 2950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BARRY MACLEAN

Mailing Address 1000 ALLANSON RD

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MACLEAN-FOGG OWNER & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124486

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
BARRY MACLEAN

Mailing Address 1000 ALLANSON RD

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MACLEAN-FOGG OWNER & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124487

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARY ANN MACLEAN

Mailing Address 1000 ALLANSON RD

City State Zip Code
MUNDELEIN IL 60060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124489

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DOUGLAS MACLEOD

Mailing Address 12800 VONN RD, APT 9802

City	State	Zip Code
LARGO	FL	33774

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.124491

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
DAVID MACON

Mailing Address 4686 AMBERWOOD TRAIL

City	State	Zip Code
MARIETTA	GA	30062

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124493

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	1	5

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
JOHN P MACY

Mailing Address 4839 HEWITTS POINT R

City	State	Zip Code
OCONOMOWOC	WI	53066

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ARENZ, MOLTER, MACY AND RIFFLE, SC	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.124495

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1750.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE MAGEL

Mailing Address **7868 YORKTOWN BLVD**

City State Zip Code
CORPUS CHRIST TX 78414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED MEDICAL DOCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124503

Date of Receipt

08 / 06 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
W. BRYAN MAGERS

Mailing Address **2342 E. FRITTS LANE**

City State Zip Code
SPRINGFIELD MO 65804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124505

Date of Receipt

08 / 03 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
STEPHEN MAGGART

Mailing Address **1006 JONES PKWY**

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAGGART & ASSOCIATES, P.C. CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124507

Date of Receipt

07 / 22 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LINDA MAGGLOS

Mailing Address 5601 SEA VIEW DR

City State Zip Code
MALIBU CA 90265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.124513

Date of Receipt

08 / 05 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
LINDA MAGGLOS

Mailing Address 5601 SEA VIEW DR

City State Zip Code
MALIBU CA 90265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
635.00

Transaction ID : SA17A.124514

Date of Receipt

08 / 18 / 2015

Amount of Each Receipt this Period

35.00

C. Full Name (Last, First, Middle Initial)
LINDA MAGGLOS

Mailing Address 5601 SEA VIEW DR

City State Zip Code
MALIBU CA 90265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
685.00

Transaction ID : SA17A.124515

Date of Receipt

08 / 25 / 2015

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional).....▶ **185.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRANK & DIANE MAGUIRE

Mailing Address 3060 E. NEWPORT CT.

City State Zip Code
MILWAUKEE WI 53211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIRST CAPITAL SURETY & TRUST CO. SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124523

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
SUSAN MAGUIRE

Mailing Address 359 W THORNAPPLE LN

City State Zip Code
GRAFTON WI 53024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.124525

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
FLOYD MAHANAY

Mailing Address 4306 MASTERS DRIVE

City State Zip Code
LEAGUE CITY TX 77573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PJS OF HOUSTON INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124527

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 5800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
P. M MAHONEY

Mailing Address 9731 N HILLTOP LANE

City	State	Zip Code
MEQUON	WI	53092

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
PARK BANK	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.124535

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

_____ 1000.00

B. Full Name (Last, First, Middle Initial)
PAUL G MAHONEY

Mailing Address 2027 MINOR ROAD

City	State	Zip Code
CHARLOTTESVILLE	VA	22903

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
UNIVERSITY OF VIRGINIA	PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.124537

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period

_____ 500.00

C. Full Name (Last, First, Middle Initial)
LORN MAHONEY JR

Mailing Address 7553 KINGS CREEK DRIVE

City	State	Zip Code
LODI	OH	44254

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INNOVATIONS HOLDING COMPANY, LLC	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124539

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

_____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1750.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TODD MAHR

Mailing Address 1620 KELLER COURT

City State Zip Code
ONALASKA WI 54650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GUNDERSEN HEALTH SYSTEM PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124541

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RONALD MAIER

Mailing Address 58 HORSE FENCE HILL ROAD

City State Zip Code
SOUTHBURY CT 06488

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED VET

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124543

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
HEIDI J MAINS

Mailing Address 10435 N RIVERLAKE DR

City State Zip Code
MEQUON WI 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124545

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEITH MAISCH

Mailing Address **PO BOX 9258**

City State Zip Code
GREEN BAY WI 54308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED TRUCK DRIVER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124547

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
ADAM MAKOWSKI

Mailing Address **106 SWEET BRIAR DRIVE**

City State Zip Code
WISCONSIN DEL WI 53965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MT. OLYMPUS RESORTS GM

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124549

Date of Receipt

08 / 12 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JAMY MALATESTA

Mailing Address **385 CONCORD DRIVE**

City State Zip Code
BROOKFIELD WI 53005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17A.128832

Date of Receipt

07 / 08 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

1350.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL MALATESTA

Mailing Address **385 CONCORD DRIVE**

City **BROOKFIELD** State **WI** Zip Code **53005**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ADVANCED WASTE SERVICES INC** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124551

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MICHAEL MALATESTA

Mailing Address **385 CONCORD DRIVE**

City **BROOKFIELD** State **WI** Zip Code **53005**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ADVANCED WASTE SERVICES INC** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17A.128830

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-1350.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
THOMAS MALIN

Mailing Address **5 MALLARD LN**

City **CAMP HILL** State **PA** Zip Code **17011**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GTW ASSOCIATES** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124553

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **3200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NICK MALLINGER

Mailing Address 1815 GLACIER RIDGE ROAD

City State Zip Code
WAUKESHA WI 53188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124555

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KENNETH MALO

Mailing Address 1020 W NORTHWEST HIGHWAY

City State Zip Code
BARRINGTON IL 60010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SWISS AUTOMATION EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124557

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
L PAUL MALONEY

Mailing Address 1136 RIVERVIEW DR

City State Zip Code
SHEBOYGAN WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124559

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 6400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
L PAUL MALONEY

Mailing Address **1136 RIVERVIEW DR**

City **SHEBOYGAN** State **WI** Zip Code **53083**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124560

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TIMOTHY MANATT

Mailing Address **1717 WHISPERING PINES CIR**

City **CEDAR FALLS** State **IA** Zip Code **50613**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124562

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DOUG MANCHESTER

Mailing Address **350 CAMINO DE LA REI**

City **SAN DIEGO** State **CA** Zip Code **92108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124564

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **2950.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DOUG MANCHESTER

Mailing Address 350 CAMINO DE LA REI

City State Zip Code
SAN DIEGO CA 92108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17A.124565

Date of Receipt
MM / DD / YYYY
07 / 30 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-1350.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GENIYA MANCHESTER

Mailing Address 350 CAMINO DE LA REI

City State Zip Code
SAN DIEGO CA 92108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17A.124567

Date of Receipt
MM / DD / YYYY
07 / 30 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
1350.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BRIAN MANDEVILLE

Mailing Address 3210 BLANDEMAR DRIVE

City State Zip Code
CHARLOTTESVIL VA 22903

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124569

Date of Receipt
MM / DD / YYYY
09 / 04 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRISTOP MANLEY

Mailing Address 9600 WEATHERVANE DR

City	State	Zip Code
CHAGRIN FALLS	OH	44023

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GRAPHCO	BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.124571

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period
 _____ 500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM MANN

Mailing Address W265 N2227 SAWGRASS LN

City	State	Zip Code
PEWAUKEE	WI	53186

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LASER TAG ADVENTURE, INC.	BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.124573

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
LANCE A MANNING

Mailing Address 4485 CADD0 LANE

City	State	Zip Code
FAYETTEVILLE	AR	72704

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
EARS NOSE & THROAT CENTER	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.124577

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			14			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period
 _____ 5400.00

Subtotal Of Receipts This Page (optional).....▶ **6400.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LANCE A MANNING

Mailing Address 4485 CADD O LANE

City State Zip Code
FAYETTEVILLE AR 72704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EARS NOSE & THROAT CENTER PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124578

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RJ MANNING

Mailing Address 1831 PORT KIMBERLY PLACE

City State Zip Code
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124580

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
TARENEH MANNING

Mailing Address 4485 CADD O LN.

City State Zip Code
FAYETTEVILLE AR 72704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.115680

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-25.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TARENEH MANNING

Mailing Address 4485 CADDON LN.

City State Zip Code
FAYETTEVILLE AR 72704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25.00

Transaction ID : SA17A.115681

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

REDESIGNATED

Amount of Each Receipt this Period
25.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TARENEH MANNING

Mailing Address 4485 CADDON LN.

City State Zip Code
FAYETTEVILLE AR 72704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2725.00

Transaction ID : SA17A.124581

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SUSAN MANNION

Mailing Address 741 SIGNAL LIGHT RD

City State Zip Code
MOORESTOWN NJ 08057

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.124582

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional).....▶ 200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CYNTHIA MANOS

Mailing Address **535 EAST 6TH STREET**

City **HINSDALE** State **IL** Zip Code **60521**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124584

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
THOMAS MARA

Mailing Address **9 BRIDGEWATERS DR
3**

City **OCEANPORT** State **NJ** Zip Code **07757**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124586

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
VIRGINIA MARAK

Mailing Address **118 SUNRISE ST**

City **HOT SPRINGS N** State **AR** Zip Code **71913**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124588

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **3200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PETER MARCUM

Mailing Address 107 DERBY GLEN LN

City State Zip Code
BRENTWOOD TN 37027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DEV DIGITAL LLC FOUNDING PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124595

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
BERNARD MARCUS

Mailing Address 1266 W PACES FERRY R
#

City State Zip Code
ATLANTA GA 30327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124597

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
BERNARD MARCUS

Mailing Address 1266 W PACES FERRY R
#

City State Zip Code
ATLANTA GA 30327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124598

Date of Receipt

M M / D D / Y Y Y Y
07 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILMA MARCUS

Mailing Address 1266 W PACES FERRY R
#

City ATLANTA State GA Zip Code 30327

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124600

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
THERESA MAREK

Mailing Address 14390 W NETTESHEIM LANE

City NEW BERLIN State WI Zip Code 53151

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124602

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
KENNETH MARIANI

Mailing Address 1400 MCKINNEY ST
H

City HOUSTON State TX Zip Code 77010

FEC ID number of contributing federal political committee. **C**

Name of Employer ENERVEST LTD Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124604

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KENNETH MARIANI

Mailing Address 1400 MCKINNEY ST
H

City HOUSTON State TX Zip Code 77010

FEC ID number of contributing federal political committee. **C**

Name of Employer ENERVEST LTD Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124605

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SANDRA MARIANI

Mailing Address 1400 MCKINNEY ST

City HOUSTON State TX Zip Code 77010

FEC ID number of contributing federal political committee. **C**

Name of Employer KS MARIANI GROUP LLC Occupation MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124607

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JOHN MARK

Mailing Address W5627 COUNTY ROAD Y

City PRINCETON State WI Zip Code 54968

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124609

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN MARKLEY

Mailing Address 3780 EAGLE VIEW CT

City State Zip Code
COLUMBIA MO 65203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VA M.D.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124611

Date of Receipt

07 / 20 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
CAROL MARKOS

Mailing Address PO BOX 5507

City State Zip Code
MADISON WI 53705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124613

Date of Receipt

06 / 26 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
CAROL MARKOS

Mailing Address PO BOX 5507

City State Zip Code
MADISON WI 53705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128791

Date of Receipt

06 / 26 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5650.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DENNIS MARKOS

Mailing Address **PO BOX 5507**

City State Zip Code
MADISON WI 53705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128793

Date of Receipt
M M / D D / Y Y Y Y
06 26 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICHARD MARKUSON

Mailing Address **419 NASCA WAY**

City State Zip Code
SACRAMENTO CA 95831-3739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC ADVOCACY GROUP LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124615

Date of Receipt
M M / D D / Y Y Y Y
06 19 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RICHARD MARKUSON

Mailing Address **419 NASCA WAY**

City State Zip Code
SACRAMENTO CA 95831-3739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PACIFIC ADVOCACY GROUP LOBBYIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.124616

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ED MARONICK

Mailing Address **PO BOX 3054**

City State Zip Code
ALPINE WY 83128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124618

Date of Receipt
M M / D D / Y Y Y Y
07 21 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PETER N. MARRON

Mailing Address **17 HIGH POINT ROAD**

City State Zip Code
WESTPORT CT 06880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PINNACLE ASSOCIATES,LTD. INVESTMENT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124620

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
JOHN MARSHALL

Mailing Address **8294 AMMONS CIR**

City State Zip Code
ARVADA CO 80005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILLERCOORS, LLC MILLERCOORS, LLC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124622

Date of Receipt
M M / D D / Y Y Y Y
07 15 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **3450.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) DWIGHT MARSO Mailing Address 10975 HIGHWAY KK City CROCKER State MO Zip Code 65452 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer AECOM Occupation TECHNICIAN Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.124623 Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2015 Amount of Each Receipt this Period <input type="text" value="50.00"/>
--	--	--

B. Full Name (Last, First, Middle Initial) DWIGHT MARSO Mailing Address 10975 HIGHWAY KK City CROCKER State MO Zip Code 65452 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer AECOM Occupation TECHNICIAN Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="300.00"/>		Transaction ID : SA17A.124624 Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2015 Amount of Each Receipt this Period <input type="text" value="50.00"/>
--	--	--

C. Full Name (Last, First, Middle Initial) DEBRA C MARTEN Mailing Address 3147 COUNTY ROAD K N City CUSTER State WI Zip Code 54423 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		Transaction ID : SA17A.124626 Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2015 Amount of Each Receipt this Period <input type="text" value="1000.00"/>
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Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DON MARTENS

Mailing Address 1921 PARK SKYLINE RD.

City	State	Zip Code
SANTA ANA	CA	92705

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KNOBBE MARTENS	LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124628

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
DON MARTENS

Mailing Address 1921 PARK SKYLINE RD.

City	State	Zip Code
SANTA ANA	CA	92705

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KNOBBE MARTENS	LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124629

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

<input type="text" value="150.00"/>

C. Full Name (Last, First, Middle Initial)
EDWARD S MARTIN

Mailing Address 1046 WOODBERRY RD

City	State	Zip Code
NEW KENSINGTO	PA	15068

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124633

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY MARTIN

Mailing Address **8605 AMESTOY AVENUE**

City State Zip Code
SHERWOOD FORE CA 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124635

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2015			

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
GARY MARTIN

Mailing Address **8605 AMESTOY AVENUE**

City State Zip Code
SHERWOOD FORE CA 91325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124636

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2015			

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
GARY MARTIN

Mailing Address **PO BOX 91588**

City State Zip Code
ARLINGTON TX 76015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MARTIN SPROCKET & GEAR INC. VICE CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124638

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **3200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KIRK NICHOLAS MARTIN

Mailing Address **4659 RAVINE DRIVE**

City **BLOOMFIELD HILLS** State **MI** Zip Code **48301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MARTIN LAND & INVESTMENT** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124646

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
LYDIA MARTIN

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124631

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MEREDITH MARTIN

Mailing Address **542 BROOKS WOOLSEY R**

City **FAYETTEVILLE** State **GA** Zip Code **30215**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124648

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) WILLIAM MARTIN		Transaction ID : SA17A.124661	
Mailing Address 6520 GRANADA LANE		Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2015	
City EAGLE	State ID	Zip Code 83616	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer WFM ENT LLC	Occupation CEO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 750.00		

B. Full Name (Last, First, Middle Initial) PETE MARTINELLI		Transaction ID : SA17A.124663	
Mailing Address 2781 HARBINS RD SE		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2015	
City BETHLEHEM	State GA	Zip Code 30620	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer N&N MOVING SUPPLIES	Occupation OWNER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) JOHN MARTING		Transaction ID : SA17A.124665	
Mailing Address 4610 STACKSTONE		Date of Receipt M M / D D / Y Y Y Y 07 / 18 / 2015	
City KATY	State TX	Zip Code 77450	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LINDA MARUSKA

Mailing Address **532 FRANKLIN AVENUE**

City **BERTHOUD** State **CO** Zip Code **80513**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.124673

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
RICHARD C MARX

Mailing Address **P.O. BOX 440**

City **WAPPINGERS FA** State **NY** Zip Code **12590**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124675

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM MARX

Mailing Address **1509 SOUTHWICK RD**

City **VIRGINIA BEAC** State **VA** Zip Code **23451**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NEXCOM** Occupation **BUYER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124676

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2015

Amount of Each Receipt this Period
75.00

Subtotal Of Receipts This Page (optional)..... **625.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JIM MASON

Mailing Address **PO BOX 43**

City **ABERDEEN** State **WA** Zip Code **98520**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124683

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JIM MASON

Mailing Address **PO BOX 43**

City **ABERDEEN** State **WA** Zip Code **98520**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124684

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-2700.00

C. Full Name (Last, First, Middle Initial)
BETTE MASSARO

Mailing Address **34709 BARTLETT RD**

City **OCONOMOWOC** State **WI** Zip Code **53066**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ENTREPRENEUR** Occupation **ENTREPRENEUR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124686

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **2700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BERNARD MASTERS

Mailing Address **6 MISTY LANE**

City State Zip Code
GREENVILLE SC 29615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GREENVILLE HOSPITAL SYSTEM PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.124688

Date of Receipt
M M / D D / Y Y Y Y
08 17 2015

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
CONRAD MASTERSON

Mailing Address **3601 TURTLE CREEK BLVD., #1103**

City State Zip Code
DALLAS TX 75219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124689

Date of Receipt
M M / D D / Y Y Y Y
07 27 2015

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
SUKUMAR MATHAN

Mailing Address **303 HAMILTON SHORE DR**

City State Zip Code
WINTER HAVEN FL 33881

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124690

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
150.00

Subtotal Of Receipts This Page (optional)..... **1050.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUKUMAR MATHAN

Mailing Address 303 HAMILTON SHORE DR

City State Zip Code
WINTER HAVEN FL 33881

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124691

Date of Receipt
M M / D D / Y Y Y Y
08 06 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MARY MATHEIS

Mailing Address 3 TEAL

City State Zip Code
IRVINE CA 92604

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LAW OFFICE MA MATHEIS LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124693

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
PAUL R MATHEWSON

Mailing Address 3209 MAIN ST

City State Zip Code
STRATFORD CT 06614

FEC ID number of contributing federal political committee.

Name of Employer Occupation
STRATFORD CLERK

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124695

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JIMMY MATLOCK

Mailing Address 190 MATLOCK ROAD

City State Zip Code
LENOIR CITY TN 37771

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124697

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
JOHN MATTER

Mailing Address 19430 TARA DRIVE

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE EQUITABLE BANK BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124699

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2015			

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
JAMES W MATTHEWS

Mailing Address 3863 ISLA DEL SOL WA

City State Zip Code
NAPLES FL 34114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
USSI BUS. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124701

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ 2000.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS (TOM) MATTHEWS

Mailing Address **PO BOX 275**
208 LOWER REDWATER CREEK RD

City **BEULAH** State **WY** Zip Code **82712**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124703

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM MATTISON

Mailing Address **102 POSTELLE DRIVE**

City **ANDERSON** State **SC** Zip Code **29621**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124705

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			25			2015			

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM MATTISON

Mailing Address **102 POSTELLE DRIVE**

City **ANDERSON** State **SC** Zip Code **29621**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.124706

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			25			2015			

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....

2500.00

Total This Period (last page this line number only).....

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM MATTISON

Mailing Address 102 POSTELLE DRIVE

City State Zip Code
ANDERSON SC 29621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124707

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-1000.00

B. Full Name (Last, First, Middle Initial)
GARRY L MATZ

Mailing Address P.O. BOX 386

City State Zip Code
ELKHART LAKE WI 53020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PLYCO CORP PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124709

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
LISA MAUER

Mailing Address 9216 RIDGE BLVD

City State Zip Code
WAUWATOSA WI 53226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128823

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ -500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LISA A MAUER

Mailing Address **9216 RIDGE BOULEVARD**

City **WAUWATOSA** State **WI** Zip Code **53226**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RICKERT INDUSTRIES** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124711

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MARY ANN MAUER

Mailing Address **8969 NW 187TH LN**

City **REDDICK** State **FL** Zip Code **32686**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124713

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROBIN MAUPIN

Mailing Address **310 E. CITRUS AVE.**

City **REDLANDS** State **CA** Zip Code **92373**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124715

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **2250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BARRY MAURER

Mailing Address 17913 N. FM 400

City IDALOU State TX Zip Code 79329

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TEXAS TECH UNIVERSITY HEALTH SCIENCE PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124717

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOAN MAXWELL

Mailing Address 700 HAMPTON RD

City BURBANK State CA Zip Code 91504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124719

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES MAY

Mailing Address 7728 SILVER MOON WAY

City INDIANAPOLIS State IN Zip Code 46259

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.124721

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
203.00

Subtotal Of Receipts This Page (optional).....▶ 953.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOSEPH MAY

Mailing Address 133 ABBOTTSFORD

City State Zip Code
NASHVILLE TN 37215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124723

Date of Receipt

M M / D D / Y Y Y Y
08 03 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JOHN MAYBERRY

Mailing Address 1290 VALLEY ESTATES ROAD

City State Zip Code
MONDOVI WI 54755

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124725

Date of Receipt

M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JOSEPH MAYBERRY

Mailing Address PO BOX 160

City State Zip Code
FITZGERALD GA 31750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
R. R. STREET & CO. INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.124726

Date of Receipt

M M / D D / Y Y Y Y
07 24 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **750.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOSEPH MAYBERRY

Mailing Address **PO BOX 160**

City	State	Zip Code
FITZGERALD	GA	31750

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
R. R. STREET & CO. INC.	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
653.00

Transaction ID : **SA17A.124727**

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
303.00

B. Full Name (Last, First, Middle Initial)
JOSEPH MAYBERRY

Mailing Address **PO BOX 160**

City	State	Zip Code
FITZGERALD	GA	31750

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
R. R. STREET & CO. INC.	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
903.00

Transaction ID : **SA17A.124728**

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CHRISTIN E MAYER

Mailing Address **6519 CROWN COLONY PLACE**

City	State	Zip Code
NAPLES	FL	34108

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : **SA17A.124730**

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 803.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID MCAVOY

Mailing Address 11 MOUNTVIEW ROAD

City State Zip Code
WELLESLEY MA 02481

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124742

Date of Receipt
M M / D D / Y Y Y Y
08 07 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
HERMAN MCBRIDE

Mailing Address 14600 ST. RT. 65 P.O.BOX 491

City State Zip Code
JACKSON CENTER OH 45334

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RISING SUN EXPRESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124744

Date of Receipt
M M / D D / Y Y Y Y
07 15 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES MCBRIDE

Mailing Address 58 HIGH RIDGE RD.

City State Zip Code
NORWAY ME 04268

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124746

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS MCCARTAN

Mailing Address 839 CURTISS #102

City State Zip Code
DOWNS GROVE IL 60515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILLENNIUM TRUST COMPANY CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124753

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN MCCARTHY

Mailing Address 10449 BAINBRIDGE AVENUE

City State Zip Code
LOS ANGELES CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124755

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KATLEEN J MCCARTHY

Mailing Address 926 SPANISH MOSS TRL

City State Zip Code
NAPLES FL 34108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124757

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICK MCCARTHY

Mailing Address 1601 5TH ST NW UNIT A

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DMM MEDIA	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124759

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MICHEL MCCARTY

Mailing Address 44 PORCHUCK RD

City	State	Zip Code
GREENWICH	CT	06831

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MM DILLON & CO GROUP	INVESTMENT BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124761

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
TOM MCCASLAND

Mailing Address 7608 GLENSHANNON CIRCLE

City	State	Zip Code
DALLAS	TX	75225

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124763

Date of Receipt

M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARY MCCASLIN

Mailing Address 448 HIU STREET

City State Zip Code
MOUNT JOY PA 17552

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124765

Date of Receipt

M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
ROBERTA MCCA W

Mailing Address 1080 PEACHTREE STREET, #1210

City State Zip Code
ATLANTA GA 30309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIMEDX GROUP VP & GENERAL COUNSEL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124767

Date of Receipt

M M / D D / Y Y Y Y
08 31 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
AUDREY Z MCCLELLAN

Mailing Address 2009 N PARKER DR

City State Zip Code
JANESVILLE WI 53545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124769

Date of Receipt

M M / D D / Y Y Y Y
08 10 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 2000.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NORMAN MCCLELLAND

Mailing Address **3111 E MARLETTE AVENUE**

City **PHOENIX** State **AZ** Zip Code **85016**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124771

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			21			2015			

Amount of Each Receipt this Period

5400.00

B. Full Name (Last, First, Middle Initial)
MARK MCCLYMONDS

Mailing Address **P.O. BOX 296**

City **PORTERSVILLE** State **PA** Zip Code **16051**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MCCLYMOND'S SUPPLY AND TRANSIT** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124773

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			23			2015			

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
GREGG MCCOLLUM

Mailing Address **PO BOX 1504**

City **FRANKLIN** State **TN** Zip Code **37065**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ARCON GROUP** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124775

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶

6900.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ADRIA MCCOOL

Mailing Address 4500 S DOWNING ST

City	State	Zip Code
CHERRY HILLS VILLAGE	CO	80113

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NONE	NONE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124782

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

B. Full Name (Last, First, Middle Initial)
CHARLES MCCORMICK

Mailing Address 333 MASSACHUSETTS AVE
UNIT 901

City	State	Zip Code
INDIANAPOLIS	IN	46204

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INDIANA EYE CLINIC	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124784

Date of Receipt

M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
KRISTINE M MCCORMICK

Mailing Address 854 RIVERS RUN

City	State	Zip Code
DE PERE	WI	54115

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124786

Date of Receipt

M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 1047 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) MICHAEL A MCCORMICK		Transaction ID : SA17A.124788																					
Mailing Address 253 COLLMAN DR		Date of Receipt																					
City FAIRVIEW State PA Zip Code 16415		<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>08</td><td></td><td></td><td>10</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	08			10			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
08			10			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer ERIE BEER CO	Occupation PRESIDENT	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
		<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>		1000.00																			
1000.00																							

B. Full Name (Last, First, Middle Initial) ANTHONY MCCORVEY		Transaction ID : SA17A.124790																					
Mailing Address 8610 WALLISVILLE ROAD		Date of Receipt																					
City HOUSTON State TX Zip Code 77029		<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>09</td><td></td><td></td><td>09</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	09			09			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
09			09			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer MCCORVEY SHEET METAL	Occupation PRESIDENT	<table border="1"> <tr> <td colspan="10">2700.00</td> </tr> </table>		2700.00																			
2700.00																							
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
		<table border="1"> <tr> <td colspan="10">2700.00</td> </tr> </table>		2700.00																			
2700.00																							

C. Full Name (Last, First, Middle Initial) BLANE W MCCOY		Transaction ID : SA17A.124792																					
Mailing Address 2604 HIDDEN CANYON DR		Date of Receipt																					
City BRECKSVILLE State OH Zip Code 44141		<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>07</td><td></td><td></td><td>28</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			28			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			28			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer SOUTHWEST ORTHOPEDICS	Occupation ORTHOPEDIC SURGEON	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>		250.00																			
250.00																							
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
		<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>		250.00																			
250.00																							

Subtotal Of Receipts This Page (optional).....▶

3950.00									
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Total This Period (last page this line number only).....▶

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SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRED MCCOY

Mailing Address P.O. BOX 17239

City State Zip Code
CHAPEL HILL NC 27516

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NEUROTRONIC LEADER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124793

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JEFF MCCOY

Mailing Address 810 CAMP AVENUE

City State Zip Code
ROSWELL GA 30075

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124795

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN MCCUNE

Mailing Address 7373 E 29TH ST N
W

City State Zip Code
WICHITA KS 67226

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124797

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN MCCUNE

Mailing Address 7373 E 29TH ST N
W

City State Zip Code
WICHITA KS 67226

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124798

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
KELLY MCDANIEL

Mailing Address 19927 KELLICREEK DRIVE

City State Zip Code
KATY TX 77450

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ENERVEST, LTD OIL & GAS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128888

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

REATTRIBUTED
Amount of Each Receipt this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
STEPHEN MCDANIEL

Mailing Address 19927 KELLICREEK DRIVE

City State Zip Code
KATY TX 77450

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ENERVEST, LTD OIL & GAS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124800

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

SEE REATTRIBUTION
Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL MCDEVITT

Mailing Address **808 CHELSEA PARK DRIVE**

City **MARIETTA** State **GA** Zip Code **30068**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ME** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124806

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRUCE MCDONALD

Mailing Address **16942 BEDFORD LANE**

City **HUNTINGTON BEACH** State **CA** Zip Code **92649**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FINANCIAL TOOLS** Occupation **C.F.O.**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17A.124808

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

Amount of Each Receipt this Period
1250.00

C. Full Name (Last, First, Middle Initial)
DAVID MCDONALD

Mailing Address **15309 NORTHLAKE ROAD**

City **MAGALIA** State **CA** Zip Code **95954**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NATIONAL EXPERT WITNESS NETWORK, INC** Occupation **CORPORATE EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124810

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **2750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL MCDONALD

Mailing Address 4543 POST OAK PLACE DR.#231

City HOUSTON State TX Zip Code 77027

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124812

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 04 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JIM MCDONOUGH

Mailing Address 8640 RONDADR

City CANTON State MI Zip Code 48187

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.124813

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 20 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RICK MCDORMAN

Mailing Address 408 5TH ST

City MELBA State ID Zip Code 83641

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.124814

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 21 / 2015

Amount of Each Receipt this Period
75.00

Subtotal Of Receipts This Page (optional).....▶ **825.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KELLY M MCDOWELL

Mailing Address 4413 WAKEFIELD STREET

City	State	Zip Code
MADISON	WI	53711

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124816

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
BERNARD MCELHONE

Mailing Address 32 WASHINGTON SQ. W.

City	State	Zip Code
NY	NY	10011

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
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Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124818

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

_____ 250.00

C. Full Name (Last, First, Middle Initial)
MILDRED MCELIGOTT

Mailing Address 101 MILLSTONE ROAD

City	State	Zip Code
BROUSSARD	LA	70518

FEC ID number of contributing federal political committee. **C**

Name of Employer FUELMAN FLEET SERVICES	Occupation PRESIDENT
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.124820

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

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-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) NANCY MCEVOY		Transaction ID : SA17A.124826																					
Mailing Address 943 E KORTSEN RD		Date of Receipt <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>08</td><td></td><td></td><td>12</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	08			12			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
08			12			2015																	
City CASA GRANDE	State AZ	Zip Code 85122																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">500.00</td> </tr> </table>		500.00																			
500.00																							
Name of Employer RETIRED	Occupation RETIRED																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">1100.00</td> </tr> </table>		1100.00																			
1100.00																							

B. Full Name (Last, First, Middle Initial) REGINALD MCFARLAND		Transaction ID : SA17A.124828																					
Mailing Address 76 OCEAN OAKS LANE		Date of Receipt <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>06</td><td></td><td></td><td>23</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	06			23			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
06			23			2015																	
City PALM COAST	State FL	Zip Code 32137																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">250.00</td> </tr> </table>		250.00																			
250.00																							
Name of Employer PURE TALK USA	Occupation CEO																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">250.00</td> </tr> </table>		250.00																			
250.00																							

C. Full Name (Last, First, Middle Initial) REGINALD MCFARLAND		Transaction ID : SA17A.124830																					
Mailing Address 4113 MONTICELLO ST S		Date of Receipt <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>07</td><td></td><td></td><td>14</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			14			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			14			2015																	
City COVINGTON	State GA	Zip Code 30014																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">250.00</td> </tr> </table>		250.00																			
250.00																							
Name of Employer PURETALKUSA	Occupation CEO																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">250.00</td> </tr> </table>		250.00																			
250.00																							

Subtotal Of Receipts This Page (optional).....▶

1000.00									
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Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RP MCFARLAND

Mailing Address 407 HIGHWAY 229

City State Zip Code
SOCIAL CIRCLE GA 30025

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TELRITE CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124832

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
JAMES MC FARLANE

Mailing Address 4226 N THOMPSON AVE.

City State Zip Code
CLOVIS CA 93619

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RED BANKS FARMING FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124834

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
MICHAEL MCGAUGHAN

Mailing Address 1911 DEER COVE CC CT

City State Zip Code
NORMAL IL 61761

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124835

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="10.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL MCGAUGHAN

Mailing Address 1911 DEER COVE CC CT

City: NORMAL State: IL Zip Code: 61761

FEC ID number of contributing federal political committee: **C**

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124836

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 12 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MICHAEL MCGAUGHAN

Mailing Address 1911 DEER COVE CC CT

City: NORMAL State: IL Zip Code: 61761

FEC ID number of contributing federal political committee: **C**

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124837

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 25 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES MCGILLICUDDY

Mailing Address 5115 COUNTRY DR.

City: OKEMOS State: MI Zip Code: 48864

FEC ID number of contributing federal political committee: **C**

Name of Employer: LANSING HERNIA CENTER Occupation: PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124839

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 15 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) ELIZABET MCGIRR Mailing Address 218 N NEW ST City STAUNTON State VA Zip Code 24401 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 250.00		Transaction ID : SA17A.124840 Date of Receipt M M / D D / Y Y Y Y 09 / 04 / 2015 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) LARRY L MCGREGOR Mailing Address 7425 E PRINCESS BLVD City SCOTTSDALE State AZ Zip Code 85255 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		Transaction ID : SA17A.124842 Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2015 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) THOMAS MCGUIRE Mailing Address 104 BORDEAUX CT City BONNERS FERRY State ID Zip Code 83805 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2700.00		Transaction ID : SA17A.124844 Date of Receipt M M / D D / Y Y Y Y 08 / 03 / 2015 Amount of Each Receipt this Period 2700.00

Subtotal Of Receipts This Page (optional).....▶ **3300.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEVIN MCINTYRE

Mailing Address 4814 ARLINGTON BLVD

City ARLINGTON State VA Zip Code 22204

FEC ID number of contributing federal political committee. **C**

Name of Employer JONES DAY Occupation LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124846

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

1	0	0	0	0	0	0	0	0	0

B. Full Name (Last, First, Middle Initial)
GERALD MCINVALE

Mailing Address 116 WINDRIDGE

City LAGRANGE State GA Zip Code 30240

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124848

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

2	5	0	0	0	0	0	0	0	0

C. Full Name (Last, First, Middle Initial)
BETTY R MCKEE

Mailing Address 9530 GLYNN DOWNING D

City OOLTEWAH State TN Zip Code 37363

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17A.124850

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

2	6	0	0	0	0	0	0	0	0

Subtotal Of Receipts This Page (optional).....▶ **3850.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JACK MCKEE

Mailing Address 9530 GLYNN DOWNING D

City State Zip Code
OOLTEWAH TN 37363

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCKEE BAKERY CO OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2600.00

Transaction ID : SA17A.124852

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
PHIL MCKEE

Mailing Address 6 WINDSOR RIDGE

City State Zip Code
FRISCO TX 75034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
APPLIANCE INNOVATION EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124854

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
THOM MCKEE

Mailing Address 1202 SHADY CREEK ROAD

City State Zip Code
MARRIOTTSVILLE MD 21104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE DEV/GEN. CONTRACTING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124856

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA MCKENNA

Mailing Address 2451 CHISLEHURST DR

City State Zip Code
LOS ANGELES CA 90027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOTCHKIS AND WILEY PORTFOLIO MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.124858

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
350.00

B. Full Name (Last, First, Middle Initial)
MAUREEN MCKEON

Mailing Address 7824 W BOULEVARD DR

City State Zip Code
ALEXANDRIA VA 22308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124860

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JOAN MCKINLEY

Mailing Address 4129 S DRIFTWOOD DR

City State Zip Code
SPOKANE VALLE WA 99206

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.124862

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
225.00

Subtotal Of Receipts This Page (optional).....▶ 1575.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT MCKINNEY

Mailing Address 9420 KIRK LN

City State Zip Code
NORTH RICHLAN TX 76182

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CAPITAL PLUS REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124864

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
MICHAEL MCKINNON

Mailing Address 4575 VIEWRIDGE AVE

City State Zip Code
SAN DIEGO CA 92123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KUSI TELEVISION PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124866

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
JOHN V MCLAUGHLIN

Mailing Address 1214 HORIZON DR

City State Zip Code
MARSHALL MN 56258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.124868

Date of Receipt

M M / D D / Y Y Y Y
08 / 26 / 2015

Amount of Each Receipt this Period

210.00

Subtotal Of Receipts This Page (optional).....▶ 5610.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN V MCLAUGHLIN

Mailing Address 1214 HORIZON DR

City State Zip Code
MARSHALL MN 56258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
410.00

Transaction ID : SA17A.124869

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
WILLIAM MCLAUGHLIN

Mailing Address 1613 ALLENWOOD ROAD

City State Zip Code
WALL NJ 07719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124871

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DARLEEN MCLENNON

Mailing Address 2068 SKILLMAN AVENUE W

City State Zip Code
SAINT PAUL MN 55113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.124873

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
275.00

Subtotal Of Receipts This Page (optional).....▶ 725.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES MCLRAVY

Mailing Address 451 CAMBRIDGE BLVD S

City State Zip Code
GRAND RAPIDS MI 49506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EXXONMOBIL CORP ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124875

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ALLYSON MCMAHON

Mailing Address 5151 WISCONSIN AVENUE NW, SUITE 30

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILLER & LONG EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128934

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ALLYSON MCMAHON

Mailing Address 5151 WISCONSIN AVENUE NW, SUITE 30

City State Zip Code
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILLER & LONG EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128936

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ARIS MCMAHON

Mailing Address 6908 PARK TERRACE DRIVE

City State Zip Code
ALEXANDRIA VA 22307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ADVANTAGE, INC CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124877

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BERNARD MCMAHON

Mailing Address 816 CROWN CIRCLE

City State Zip Code
BIRMINGHAM AL 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124879

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BERNARD MCMAHON

Mailing Address 816 CROWN CIRCLE

City State Zip Code
BIRMINGHAM AL 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.124880

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 850.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EVAN BRETT MCMAHON

Mailing Address 5151 WISCONSIN AVENUE NW, SUITE 30

City	State	Zip Code
WASHINGTON	DC	20016

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MILLER & LONG	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 10800.00

Transaction ID : SA17A.124882

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

SEE REDESIGNATION & REATTRIBUTION

Amount of Each Receipt this Period
 10800.00

B. Full Name (Last, First, Middle Initial)
EVAN BRETT MCMAHON

Mailing Address 5151 WISCONSIN AVENUE NW, SUITE 30

City	State	Zip Code
WASHINGTON	DC	20016

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MILLER & LONG	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 8100.00

Transaction ID : SA17A.128930

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

SEE REDESIGNATION

Amount of Each Receipt this Period
 -2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
EVAN BRETT MCMAHON

Mailing Address 5151 WISCONSIN AVENUE NW, SUITE 30

City	State	Zip Code
WASHINGTON	DC	20016

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MILLER & LONG	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 10800.00

Transaction ID : SA17A.128931

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

REDESIGNATED

Amount of Each Receipt this Period
 2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 10800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EVAN BRETT MCMAHON

Mailing Address 5151 WISCONSIN AVENUE NW, SUITE 30

City	State	Zip Code
WASHINGTON	DC	20016

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MILLER & LONG	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128932

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
EVAN BRETT MCMAHON

Mailing Address 5151 WISCONSIN AVENUE NW, SUITE 30

City	State	Zip Code
WASHINGTON	DC	20016

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MILLER & LONG	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128935

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MICHAEL F MCMAHON

Mailing Address PO BOX 1713

City	State	Zip Code
HELENA	MT	59624

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124884

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL F MCMAHON

Mailing Address PO BOX 1713

City State Zip Code
HELENA MT 59624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124885

Date of Receipt
M M / D D / Y Y Y Y
08 31 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
SUZANNE MCMAINS

Mailing Address 4180 S. RANCH ROAD

City State Zip Code
SIERRA VISTA AZ 85650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.124886

Date of Receipt
M M / D D / Y Y Y Y
07 20 2015

Amount of Each Receipt this Period
75.00

C. Full Name (Last, First, Middle Initial)
VINCENT MCMANUS

Mailing Address 1 BLACKBERRY LN

City State Zip Code
WALLINGFORD CT 06492

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124888

Date of Receipt
M M / D D / Y Y Y Y
07 23 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 575.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VINCENT MCMANUS

Mailing Address **1 BLACKBERRY LN**

City State Zip Code
WALLINGFORD CT 06492

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124889

Date of Receipt

09 / 03 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
KELLY MCMILLAN

Mailing Address **27705 N 15TH DR**

City State Zip Code
PHOENIX AZ 85085

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MFSINC MANUFACTURING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124891

Date of Receipt

07 / 17 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
SETH M MCMILLIAN

Mailing Address **1295 N 1600 EAST RD**

City State Zip Code
TAYLORVILLE IL 62568

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124893

Date of Receipt

07 / 31 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONLIE MCMULLIN

Mailing Address 202 S 1ST

City State Zip Code
COPPERAS COVE TX 76522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124895

Date of Receipt
M M / D D / Y Y Y Y
07 19 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
PAUL MCMURRAY

Mailing Address 400 LOWER DUG GAP RD. S.W.

City State Zip Code
DALTON GA 30720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124897

Date of Receipt
M M / D D / Y Y Y Y
08 04 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BARRY MCNALL

Mailing Address 4865 ANDREA DR NW

City State Zip Code
SALEM OR 97304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.124899

Date of Receipt
M M / D D / Y Y Y Y
07 23 2015

Amount of Each Receipt this Period
400.00

Subtotal Of Receipts This Page (optional)..... **3350.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL MCNALLY

Mailing Address 1426 N HARWOOD ST

City	State	Zip Code
ORANGE	CA	92867

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	PROPERTY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124901

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
THOMAS MCNARON

Mailing Address 1005 NOBLE ST

City	State	Zip Code
ANNISTON	AL	36201

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MCNARON GROUP, INC.	INVESTMENT ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.124903

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

600.00

C. Full Name (Last, First, Middle Initial)
MILTON MCNEELY

Mailing Address 2495 E FM 1151

City	State	Zip Code
AMARILLO	TX	79118

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INDEPENDENT INVESTMENT CORPORATION	GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124905

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **1850.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CAROLE MCNEIL

Mailing Address 1001 CALIFORNIA STREET

City State Zip Code
SAN FRANCISCO CA 94920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124907

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
ROBERT MCNICHOLS

Mailing Address 3333 PETERS CREEK ROAD NW

City State Zip Code
ROANOKE VA 24019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CSM, INC. CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124909

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES MCNITT

Mailing Address 306 E WASHINGTON

City State Zip Code
SAINT LOUIS MI 48880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124911

Date of Receipt
M M / D D / Y Y Y Y
08 / 09 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SCOTT MCPHERSON

Mailing Address **ONE NORTH BEACON PLACE #310**

City	State	Zip Code
LA GRANGE	IL	60525

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MCPHERSON PUBLIC AFFAIRS GROUP, INC	PUBLIC RELATIONS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.124913

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			10			2015			

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
SCOTT MCPHERSON

Mailing Address **ONE NORTH BEACON PLACE #310**

City	State	Zip Code
LA GRANGE	IL	60525

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MCPHERSON PUBLIC AFFAIRS GROUP, INC	PUBLIC RELATIONS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.124914

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period
 _____ 1700.00

C. Full Name (Last, First, Middle Initial)
JOHN MCQUEENEY

Mailing Address **2830 S HULEN ST**

City	State	Zip Code
FORT WORTH	TX	76109

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.124916

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3700.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DUNCAN MCRAE

Mailing Address 327 GLEN ERICA

City State Zip Code
SHREVEPORTD LA 71106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124918

Date of Receipt

M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM MCREYNOLDS

Mailing Address 833 STONEFIELD DRIVE @204

City State Zip Code
MOUNT PLEASANT WI 53406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124920

Date of Receipt

M M / D D / Y Y Y Y
08 27 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
BEVERLY B MCVEY

Mailing Address 11925 S 49TH WEST AVE

City State Zip Code
SAPULPA OK 74066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEVERLY HOUSE FARMER/ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124922

Date of Receipt

M M / D D / Y Y Y Y
09 03 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LISLE MCVICKER

Mailing Address 910 HICKORY ST.

City	State	Zip Code
SANTA ANA	CA	92701

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PARKER HANNIFIN CORP	ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124923

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			22			2015			

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial)
ROD MCWILLIAMS

Mailing Address 11149 N. LINCOLNSHIRE DRIVE

City	State	Zip Code
MEQUON	WI	53097

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KOHL'S DEPARTMENT STORES	BUSINESS CONTINUITY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124925

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			03			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
GAVIN MEAD

Mailing Address 1267 PONTI MEWS

City	State	Zip Code
ATLANTA	GA	30318

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124927

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALEXANDRIA MECCIA

Mailing Address 7520 RIDGEWOOD LANE

City	State	Zip Code
BURR RIDGES	IL	60527

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DERMATOLOGY ASSOCIATES OF LAGRANG	PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124929

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
TOM MEDDERS II

Mailing Address 2100 CLARINDA AVE

City	State	Zip Code
WICHITA FALLS	TX	76308

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	OIL PRODUCER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124931

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOE MEDINA

Mailing Address 2216 SUNKIST AVE

City	State	Zip Code
WAUKESHA	WI	53188

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
1ST CONGREGATIONAL CHURCH OF GENESEA	MINISTER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124933

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWARD MEHREN II

Mailing Address **215 N NORTON AVE**

City	State	Zip Code
LOS ANGELES	CA	90004

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NORTHWESTERN MUTUAL	WEALTH MANAGEMENT ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124935

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	5

Amount of Each Receipt this Period

_____	250.00
-------	--------

B. Full Name (Last, First, Middle Initial)
HEATHER A MEIER

Mailing Address **7914 W WRIGHT ST**

City	State	Zip Code
WAUWATOSA	WI	53213

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.124937

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

_____	2700.00
-------	---------

C. Full Name (Last, First, Middle Initial)
CHARLES MEISSNER

Mailing Address **5806 PAINTED VALLEY DR**

City	State	Zip Code
AUSTIN	TX	78759

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124939

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	5

Amount of Each Receipt this Period

_____	250.00
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Subtotal Of Receipts This Page (optional).....▶

_____	3200.00
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Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID MEISTER

Mailing Address 9700 W BLUEMOUND ROAD

City State Zip Code
MILWAUKEE WI 53226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ISC INTERNATIONAL OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124941

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
KAREN MEISTER

Mailing Address 560 HARBOR CORE CIRCLE

City State Zip Code
LONG BOAT KEY FL 34228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124943

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH MELLON

Mailing Address 1201 BARLEY MILL ROAD

City State Zip Code
GREENVILLE DE 19801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128781

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 3700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HENRY MELLON

Mailing Address 1201 BARLEY MILL ROAD

City State Zip Code
GREENVILLE DE 19801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124945

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
HENRY MELLON

Mailing Address 1201 BARLEY MILL ROAD

City State Zip Code
GREENVILLE DE 19801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128779

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JOHN MELLOWES

Mailing Address 1212 W GLEN OAKS LANE

City State Zip Code
MEQUON WI 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHARTER MFG N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124947

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 6400.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LYNDEN MELMED

Mailing Address 5922 OVERLEA ROAD

City	State	Zip Code
BETHESDA	MD	20816

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
BERRY APPLEMAN & LEIDEN LLP	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124949

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
ANDREA R MELNYK

Mailing Address 802 KENNICOTT PLACE

City	State	Zip Code
MOUNT PROSPEC	IL	60056

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124951

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

_____ 250.00

C. Full Name (Last, First, Middle Initial)
GENE MELTON

Mailing Address 2901 FINCHLEY LN

City	State	Zip Code
OKLAHOMA CITY	OK	73120

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
GENE MELTON	INSURANCE AGENCY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.124953

Date of Receipt

M M / D D / Y Y Y Y
06 / 27 / 2015

Amount of Each Receipt this Period

_____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 750.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES MENDENHALL

Mailing Address **1244 NORTHSHORE ROAD**

City **LAKE OSWEGO** State **OR** Zip Code **97034**

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124955

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DEBORAH S MENGEL

Mailing Address **517 CHEYENNE DR**

City **WAUKESHA** State **WI** Zip Code **53188**

FEC ID number of contributing federal political committee. **C**

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124957

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MAGGIE MENZEL

Mailing Address **1211 ELECTRIC AVE.**

City **SEAL BEACH** State **CA** Zip Code **90740**

FEC ID number of contributing federal political committee. **C**

Name of Employer
TFS

Occupation
SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124958

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2015

Amount of Each Receipt this Period
75.00

Subtotal Of Receipts This Page (optional)..... **5475.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NORMA MERIWETHER

Mailing Address 2251 GLENMOOR ROAD NORT

City State Zip Code
CLEARWATER FL 33764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.124959

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DIANE MERRICK

Mailing Address 2405 MARBROOK COURT

City State Zip Code
RENO NV 89519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MERRICK ANIMAL NUTRITION, INC OWNER EXEC VP, CORPORATE SEC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124961

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
CHARLES MERRIMAN

Mailing Address 5507 CARY STREET ROAD

City State Zip Code
RICHMOND VA 23226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124963

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 5500.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="checked" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DIANE MERTZ

Mailing Address **69 HESTERS CT**

City	State	Zip Code
SAINT CHARLES	MO	63304

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124965

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
REBECCA MERWIN

Mailing Address **W4322 LINTON RD**

City	State	Zip Code
LAKE GENEVA	WI	53147

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124967

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
REBECCA MERWIN

Mailing Address **W4322 LINTON RD**

City	State	Zip Code
LAKE GENEVA	WI	53147

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124968

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Receipt this Period

<input type="text" value="125.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICK MESSINGER

Mailing Address **PMB 168 - 13023 NE HWY 99 #7**

City **VANCOUVER** State **WA** Zip Code **98686**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124970

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
NORMAN METCALFE

Mailing Address **2007 BAYSTONE TERRACE**

City **CORONA DEL MAR** State **CA** Zip Code **92675**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.124972

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
NORMAN METCALFE

Mailing Address **2007 BAYSTONE TERRACE**

City **CORONA DEL MAR** State **CA** Zip Code **92675**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128722

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5650.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUZANNE METCALFE

Mailing Address 2007 BAYSTONE TERRACE

City State Zip Code
CORONA DEL MAR CA 92675

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128724

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DOROTHY METZ

Mailing Address 4729 SINGING TREES DR

City State Zip Code
RACINE WI 53406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MCDONALDS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.124973

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CARL MEYER

Mailing Address 6374 CREEKSIDE WAY

City State Zip Code
HAMILTON OH 45011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CTI FREIGHT SERVICES OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124975

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)						PAGE 1086 / 2684						
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	17a	17b	17c	17d	17e	18	19a	19b	20a	20b	20c	21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

<p>A. Full Name (Last, First, Middle Initial) GEORGE MEYER</p> <p>Mailing Address 14940 JUNEAU BLVD</p> <p>City ELM GROVE State WI Zip Code 53122</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer KAHLER SLATER Occupation ARCHITECT</p> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="1000.00"/></p>	<p>Transaction ID : SA17A.124977</p> <p>Date of Receipt <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>07</td><td></td><td></td><td>06</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table> </p> <p>Amount of Each Receipt this Period <input type="text" value="1000.00"/></p>	M	M	/	D	D	/	Y	Y	Y	Y	07			06			2015			
M	M	/	D	D	/	Y	Y	Y	Y												
07			06			2015															
<p>B. Full Name (Last, First, Middle Initial) HENRY H MEYER, JR</p> <p>Mailing Address PO BOX 149</p> <p>City WAKEFIELD State RI Zip Code 02880</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="400.00"/></p>	<p>Transaction ID : SA17A.124979</p> <p>Date of Receipt <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>07</td><td></td><td></td><td>22</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table> </p> <p>Amount of Each Receipt this Period <input type="text" value="400.00"/></p>	M	M	/	D	D	/	Y	Y	Y	Y	07			22			2015			
M	M	/	D	D	/	Y	Y	Y	Y												
07			22			2015															
<p>C. Full Name (Last, First, Middle Initial) HENRY H MEYER, JR</p> <p>Mailing Address PO BOX 149</p> <p>City WAKEFIELD State RI Zip Code 02880</p> <p>FEC ID number of contributing federal political committee. <input type="text" value="C"/></p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ <input type="text" value="600.00"/></p>	<p>Transaction ID : SA17A.124980</p> <p>Date of Receipt <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>08</td><td></td><td></td><td>14</td><td></td><td></td><td>2015</td><td></td><td></td><td></td></tr> </table> </p> <p>Amount of Each Receipt this Period <input type="text" value="200.00"/></p>	M	M	/	D	D	/	Y	Y	Y	Y	08			14			2015			
M	M	/	D	D	/	Y	Y	Y	Y												
08			14			2015															

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LOU ANN MEYER

Mailing Address **4921 REMIKER LANE**

City **MANITOWOC** State **WI** Zip Code **54220**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.124982

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	08			06			2015		

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN MEYERS

Mailing Address **2000 CARLETON PL**

City **FORT SMITH** State **AR** Zip Code **72908**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124984

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	08			03			2015		

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LUCY MEYERS

Mailing Address **398 MOUNTAIN RD**

City **JAFFREY** State **NH** Zip Code **03452**

FEC ID number of contributing federal political committee. **C**

Name of Employer **NOT EMPLOYED** Occupation **STUDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.124986

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	07			15			2015		

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3450.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEPHEN C MEYERS

Mailing Address 398 MOUNTAIN RD

City	State	Zip Code
JAFFREY	NH	03452

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SCM ASSOCIATES	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124988

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

B. Full Name (Last, First, Middle Initial)
JEAN MICHAELS

Mailing Address 2181 FREYDALE RD SE

City	State	Zip Code
MARIETTA	GA	30067

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124990

Date of Receipt

M M / D D / Y Y Y Y
08 / 26 / 2015

Amount of Each Receipt this Period

<input type="text" value="350.00"/>

C. Full Name (Last, First, Middle Initial)
JEAN MICHAELS

Mailing Address 2181 FREYDALE RD SE

City	State	Zip Code
MARIETTA	GA	30067

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124991

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM MICHAUX

Mailing Address 1600 WESTBROOK AVE, APT 743

City Richmond State VA Zip Code 23227

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124992

Date of Receipt
MM / DD / YYYY
09 / 10 / 2015

Amount of Each Receipt this Period
850.00

B. Full Name (Last, First, Middle Initial)
GAYLE MICHEL

Mailing Address 165 N CANAL ST
6

City CHICAGO State IL Zip Code 60606

FEC ID number of contributing federal political committee. **C**

Name of Employer B/A Occupation NOT CURRENTLY EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124994

Date of Receipt
MM / DD / YYYY
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
J. MIDDENDORF

Mailing Address P.O. BOX 1037

City LITTLE COMPTO State RI Zip Code 02837

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.124996

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **850.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

16 17a 17b 17c 17d 18
 19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK MIDDLEMAN

Mailing Address **9631 MCCULLOUGH AVE.**

City State Zip Code
SAN ANTONIO TX 78216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED COMMERCIAL CONSTRUCTION CONTRACT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.124998

Date of Receipt

MM / DD / YYYY
07 / 13 / 2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
WILLIAM MIDDLETON

Mailing Address **596 E MCCULLOCH BLVD**

City State Zip Code
PUEBLO WEST CO 81007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.124999

Date of Receipt

MM / DD / YYYY
08 / 08 / 2015

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
KELLY MIKULES

Mailing Address **7035 CORINTIA STREET**

City State Zip Code
CARLSBAD CA 92009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.125001

Date of Receipt

MM / DD / YYYY
07 / 22 / 2015

Amount of Each Receipt this Period

1500.00

Subtotal Of Receipts This Page (optional).....▶ **2550.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANTHONY MILAZZO

Mailing Address **W302 S1580 BRANDYBROOK RD**

City **WAUKESHA** State **WI** Zip Code **53188**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RESTAURANT OWNER CULVERS** Occupation **SELF**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125003

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
AUDREY MILLER

Mailing Address **74 PARK LANE**

City **CONCORD** State **MA** Zip Code **01742**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125005

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BARBARA MILLER

Mailing Address **BELCUESTER ROAD**

City **KENNEDYVILLE** State **MD** Zip Code **21645**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125007

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRENT MILLER

Mailing Address 4347 BRIDGEHAVEN DRIVE

City	State	Zip Code
SMYRNA	GA	30080

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MIMEDX	EXEC. VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125009

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			09			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DOUGLAS MILLER

Mailing Address PO BOX 5493

City	State	Zip Code
WACO	TX	76708

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125011

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			28			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DOUGLAS MILLER

Mailing Address 8430 N 980 EAST RD

City	State	Zip Code
INDIANOLA	IL	61850

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125012

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GERALDIN MILLER

Mailing Address **3815 BEVERLY DRIVE**

City State Zip Code
DALLAS TX 75205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125014

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
HARVEY MILLER

Mailing Address **485 EAST HALF DAY ROAD**

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125016

Date of Receipt
M M / D D / Y Y Y Y
08 10 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JACK MILLER

Mailing Address **485 E HALF DAY RD**

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125018

Date of Receipt
M M / D D / Y Y Y Y
08 04 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **4200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JOE MILLER Mailing Address 3400 HOLLY HILL RD City LAKE CHARLES State LA Zip Code 70605 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		Transaction ID : SA17A.125020 Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
--	--	---

B. Full Name (Last, First, Middle Initial) JOSEPH MILLER Mailing Address 6617 E ORCHARD PL City CENTENNIAL State CO Zip Code 80111 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer TEC Occupation ENGINEER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="350.00"/>		Transaction ID : SA17A.125021 Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
---	--	---

C. Full Name (Last, First, Middle Initial) JOSEPH MILLER Mailing Address 6617 E ORCHARD PL City CENTENNIAL State CO Zip Code 80111 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer TEC Occupation ENGINEER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="450.00"/>		Transaction ID : SA17A.125022 Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2015 Amount of Each Receipt this Period <input type="text" value="100.00"/>
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Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MATTHEW MILLER

Mailing Address 29 BLAIR DR

City	State	Zip Code
HUNTINGTON	NY	11743

FEC ID number of contributing federal political committee. **C**

Name of Employer SSM REALTY	Occupation REAL ESTATE
--------------------------------	---------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.125030

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL MILLER

Mailing Address 3611 MOTOR AVENUE, SUITE 100

City	State	Zip Code
LOS ANGELES	CA	90034

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED	Occupation REAL ESTATE INVESTMENTS
-----------------------------------	---------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 10800.00

Transaction ID : SA17A.125032

Date of Receipt

M M / D D / Y Y Y Y
08 / 28 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period

_____ 10800.00

C. Full Name (Last, First, Middle Initial)
MICHAEL MILLER

Mailing Address 3611 MOTOR AVENUE, SUITE 100

City	State	Zip Code
LOS ANGELES	CA	90034

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ -2700.00

Transaction ID : SA17A.128840

Date of Receipt

M M / D D / Y Y Y Y
08 / 28 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

_____ -2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶

_____ 11050.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL MILLER

Mailing Address 3611 MOTOR AVENUE, SUITE 100

City	State	Zip Code
LOS ANGELES	CA	90034

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128841

Date of Receipt

M M / D D / Y Y Y Y
08 / 28 / 2015

REDESIGNATED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MICHAEL MILLER

Mailing Address 3611 MOTOR AVENUE, SUITE 100

City	State	Zip Code
LOS ANGELES	CA	90034

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-2700.00

Transaction ID : SA17A.128842

Date of Receipt

M M / D D / Y Y Y Y
08 / 28 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MICHAEL MILLER

Mailing Address 3611 MOTOR AVENUE, SUITE 100

City	State	Zip Code
LOS ANGELES	CA	90034

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-5400.00

Transaction ID : SA17A.128845

Date of Receipt

M M / D D / Y Y Y Y
08 / 28 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶

0.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL MILLER

Mailing Address 4402 BOXWOOD ROAD

City State Zip Code
BETHESDA MD 20816

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125034

Date of Receipt
M M / D D / Y Y Y Y
09 / 20 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MIRIAM MILLER

Mailing Address 3611 MOTOR AVENUE, SUITE 100

City State Zip Code
LOS ANGELES CA 90034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128844

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MIRIAM MILLER

Mailing Address 3611 MOTOR AVENUE, SUITE 100

City State Zip Code
LOS ANGELES CA 90034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128846

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="checked" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) NATHAN MILLER		Transaction ID : SA17A.125036	
Mailing Address 478 WINDWOOD LN		Date of Receipt	
City BOONE State NC Zip Code 28607		M M / D D / Y Y Y Y 07 / 31 / 2015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer MILLER & JOHNSON, PLLC Occupation ATTORNEY		<input type="text" value="250.00"/>	
Receipt For: 2016 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text" value="250.00"/>	
B. Full Name (Last, First, Middle Initial) PETER M MILLER		Transaction ID : SA17A.125037	
Mailing Address 3614 SHUKLA CT		Date of Receipt	
City WALNUT CREEK State CA Zip Code 94598		M M / D D / Y Y Y Y 08 / 10 / 2015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer RETIRED Occupation RETIRED		<input type="text" value="113.00"/>	
Receipt For: 2016 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text" value="226.00"/>	
C. Full Name (Last, First, Middle Initial) RHONDA MILLER		Transaction ID : SA17A.125039	
Mailing Address 460 GREEN BAY RD		Date of Receipt	
City WINNETKA State IL Zip Code 60093		M M / D D / Y Y Y Y 07 / 31 / 2015	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED		<input type="text" value="250.00"/>	
Receipt For: 2016 <input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text" value="250.00"/>	

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL MILLET

Mailing Address 1000 S ERVAY ST

City State Zip Code
DALLAS TX 75201-6422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILLET THE PRINTER, INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125041

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ANNE MILLIGAN

Mailing Address 546 LAKELAND ST

City State Zip Code
GROSSE POINTE MI 48230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOOMER CONSTRUCTION MATERIALS VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125043

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHARLES MILLIKIN

Mailing Address 2347 ESTATE GATE DRIVE

City State Zip Code
SAN ANTONIO TX 78260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RENTAL PROPTERY REALTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253.00

Transaction ID : SA17A.125045

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
253.00

Subtotal Of Receipts This Page (optional).....▶ 1003.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SANDRA R MILLS

Mailing Address 1500 RUE REYNARD ST

City	State	Zip Code
MENASHA	WI	54952

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	RESEARCH

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125052

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

B. Full Name (Last, First, Middle Initial)
J. C MILNE

Mailing Address 1312 SW 16TH AVE

City	State	Zip Code
PORTLAND	OR	97201

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	PROPERTY MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125054

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="400.00"/>

C. Full Name (Last, First, Middle Initial)
ROBERT MILOTTE

Mailing Address 15532 MONTEROSSO LANE

City	State	Zip Code
NAPLES	FL	34110

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125056

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NADINE T MINNIG

Mailing Address 964 EDGEBROOK LN

City NORTHBROOK State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125064

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
NADINE T MINNIG

Mailing Address 964 EDGEBROOK LN

City NORTHBROOK State IL Zip Code 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125065

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
BURTON D MINOR

Mailing Address 2S216 RIVERSIDE AVENUE

City WARRENVILLE State IL Zip Code 60555

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125067

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DON MINQA

Mailing Address **872 BRUSHY VALLEY RD**

City **HEISKELL** State **TN** Zip Code **37754**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1200.00

Transaction ID : SA17A.125069

Date of Receipt

07 / 24 / 2015

Amount of Each Receipt this Period

1200.00

B. Full Name (Last, First, Middle Initial)
SUZAN MITCHELL

Mailing Address **1110 ESPLANADE UNIT 2**

City **REDONDO BEACH** State **CA** Zip Code **90277**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Transaction ID : SA17A.125071

Date of Receipt

08 / 05 / 2015

Amount of Each Receipt this Period

550.00

C. Full Name (Last, First, Middle Initial)
DENNIS MITCHEM

Mailing Address **1616 W GLENDALE AV
#588**

City **PHOENIX** State **AZ** Zip Code **85021**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125073

Date of Receipt

07 / 15 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KENNETH E MITCHEM

Mailing Address 651 SHADOWVIEW CT

City State Zip Code
TURLOCK CA 95382

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125074

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="200.00"/>

B. Full Name (Last, First, Middle Initial)
KENNETH E MITCHEM

Mailing Address 651 SHADOWVIEW CT

City State Zip Code
TURLOCK CA 95382

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125075

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="57.00"/>

C. Full Name (Last, First, Middle Initial)
KENNETH E MITCHEM

Mailing Address 651 SHADOWVIEW CT

City State Zip Code
TURLOCK CA 95382

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125076

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="35.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK MITTAL

Mailing Address **845 GAGE DRIVE**

City State Zip Code
SAN DIEGO CA 92106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125078

Date of Receipt
M M / D D / Y Y Y Y
08 05 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DANIEL MIXON

Mailing Address **703 SW AVENUE J**

City State Zip Code
SEMINOLE TX 79360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125080

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LARRY MIZEL

Mailing Address **4350 S MONACO ST**

City State Zip Code
DENVER CO 80237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHARIMAN OF THE BOARD/CEO CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125082

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3950.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1108 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRIS MLEINEK

Mailing Address 1331 27TH AVENUE

City	State	Zip Code
RICE LAKE	WI	54868

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.125084

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			19			2015			

Amount of Each Receipt this Period

_____	2700.00
-------	---------

B. Full Name (Last, First, Middle Initial)
ANDY MOAG

Mailing Address 616 W. SCHUBERT, 4E

City	State	Zip Code
CHICAGO	IL	60614

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.125086

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

Amount of Each Receipt this Period

_____	250.00
-------	--------

C. Full Name (Last, First, Middle Initial)
ELISE MOCK

Mailing Address P.O. BOX 393

City	State	Zip Code
MATTAPOISETT	MA	02739

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NEW BEDFORD THREAD CO., INC.	ADMINISTRATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.125088

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

_____	500.00
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Subtotal Of Receipts This Page (optional).....▶ **3450.00**

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD MOCKLER

Mailing Address 1444 GREATHOUSE RD

City State Zip Code
WAXAHACHIE TX 75167

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125089

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JAMES MODE

Mailing Address W6691 KIESLING ROAD

City State Zip Code
JEFFERSON WI 53549

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125091

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ANITA L MOELLER

Mailing Address N2269 FALLING WING LN

City State Zip Code
HORTONVILLE WI 54944

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125093

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDITH A MOELLER

Mailing Address **PO BOX 357**

City State Zip Code
SAINT ALBANS MO 63073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125095

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM MOELLER

Mailing Address **11093 E ROLLING ROCK DR**

City State Zip Code
SCOTTSDALE AZ 85262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125097

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JERRY MOISON

Mailing Address **737 BRENTWOOD PLACE**

City State Zip Code
LOS ALTOS CA 94024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125099

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RANDALL C MOLES

Mailing Address 1833 S MAIN STREET

City State Zip Code
RACINE WI 53403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125101

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BERNHARD P MOLLDREM

Mailing Address 320 HIGHLAND AVE

City State Zip Code
SYRACUSE NY 13203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Transaction ID : SA17A.125102

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2015

Amount of Each Receipt this Period
225.00

C. Full Name (Last, First, Middle Initial)
MORRIS MONESSON

Mailing Address 9518 OPOSSUMTOWN PIK

City State Zip Code
FREDERICK MD 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
216.00

Transaction ID : SA17A.125104

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
216.00

Subtotal Of Receipts This Page (optional).....▶ 941.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MORRIS MONESSON

Mailing Address 9518 OPOSSUMTOWN PIK

City State Zip Code
FREDERICK MD 21702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
414.00

Transaction ID : SA17A.125105

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
198.00

B. Full Name (Last, First, Middle Initial)
DAVID "BRAD" MONEY

Mailing Address 825 E ORCHARD VIEW DR

City State Zip Code
JANESVILLE WI 53545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ABC SUPPLY COMPANY BUSINESS MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125107

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
SAM MONK

Mailing Address 25 WESPANEE DR

City State Zip Code
CHARLESTON SC 29407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125109

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3148.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DEBORAH MONTANGE

Mailing Address 8714 MELROSE

City State Zip Code
SAN ANTONIO TX 78250

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
USAA INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125111

Date of Receipt

07 / **29** / **2015**

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
MARY MONTGOMERY

Mailing Address 200 WALKER ROAD

City State Zip Code
CARROLLTON GA 30117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125113

Date of Receipt

07 / **14** / **2015**

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM MONTGOMERY

Mailing Address 1301 MCCARTNY ROAD

City State Zip Code
LEMONT IL 60439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125115

Date of Receipt

09 / **16** / **2015**

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **3700.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TERRY MOODY

Mailing Address 3176 OIL MILL RD

City State Zip Code
COVINGTON TN 38019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOARDWALK PIPELINE RML

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125117

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
TERRY MOODY

Mailing Address 3176 OIL MILL RD

City State Zip Code
COVINGTON TN 38019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BOARDWALK PIPELINE RML

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
550.00

Transaction ID : SA17A.125118

Date of Receipt

M M / D D / Y Y Y Y
09 / 18 / 2015

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
DAVID MOORE

Mailing Address 10902 MEMORIAL DRIVE

City State Zip Code
HOUSTON TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125120

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period

5400.00

Subtotal Of Receipts This Page (optional).....▶ 5950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEITH MOORE

Mailing Address **2600 W 7TH ST
APT 2746**

City **FORT WORTH** State **TX** Zip Code **76107**

FEC ID number of contributing federal political committee. **C**

Name of Employer **4FRONT ENGINEERED SOLUTIONS, INC.** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17A.125127

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
KENNETH L MOORE

Mailing Address **284 ALPAT DR**

City **DILLSBURG** State **PA** Zip Code **17019**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.125129

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
LARRY E MOORE

Mailing Address **2876 DRUID HILL DR**

City **DES MOINES** State **IA** Zip Code **50315**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125131

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **975.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHELE MOORE

Mailing Address 200 W MONROE STREET, STE 1440

City	State	Zip Code
CHICAGO	IL	60606

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128885

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MOLLY ANN MOORE

Mailing Address 14 MARTIN LANE

City	State	Zip Code
ENGLEWOOD	CO	80113

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125133

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
NOEL MOORE

Mailing Address 200 W MONROE STREET, STE 1440

City	State	Zip Code
CHICAGO	IL	60606

FEC ID number of contributing federal political committee.

Name of Employer SENNEX SOLUTIONS	Occupation COMMODITY TRADER
--------------------------------------	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125135

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1118 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NOEL MOORE

Mailing Address 200 W MONROE STREET, STE 1440

City	State	Zip Code
CHICAGO	IL	60606

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ -2700.00

Transaction ID : SA17A.128883

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

_____	-2700.00
-------	----------

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SAM MOORE

Mailing Address 33 NORTHUMBERLAND

City	State	Zip Code
NASHVILLE	TN	37215

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.125137

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

Amount of Each Receipt this Period

_____	1000.00
-------	---------

C. Full Name (Last, First, Middle Initial)
DARREL MOR

Mailing Address 23 KANSAS AVENUE

City	State	Zip Code
WISCONSIN DEL	WI	53965

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.125139

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	5

Amount of Each Receipt this Period

_____	500.00
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Subtotal Of Receipts This Page (optional).....▶

_____	1500.00
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Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BAY MORGAN

Mailing Address 1517 SE 4TH STREET

City State Zip Code
DEERFIELD BEACH FL 33441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIAMI DADE COUNTY FIREFIGHTER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.125147

Date of Receipt

M M / D D / Y Y Y Y
07 26 2015

Amount of Each Receipt this Period

203.00

B. Full Name (Last, First, Middle Initial)
DAVID MORGAN

Mailing Address P O BOX 780849

City State Zip Code
SAN ANTONIO TX 78278

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SBSCONSTRUCTION MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125149

Date of Receipt

M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DAVID MORGAN

Mailing Address P O BOX 780849

City State Zip Code
SAN ANTONIO TX 78278

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SBSCONSTRUCTION MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.125150

Date of Receipt

M M / D D / Y Y Y Y
07 30 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ **553.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONALD MORGAN

Mailing Address **631 CROFTON ROAD**

City **BLACKSTOCK** State **SC** Zip Code **29014**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.125151

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
JOSEPH MORGAN

Mailing Address **2995 N NICOLET DRIVE**

City **GREEN BAY** State **WI** Zip Code **54311**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125153

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JUDY MORGAN

Mailing Address **1549 GREENWOOD**

City **DEERFIELD** State **IL** Zip Code **60015**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128787

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **450.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL MORGAN

Mailing Address 1549 GREENWOOD

City State Zip Code
DEERFIELD IL 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMLIN COSMETICS BATH AMENITIES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125155

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MICHAEL MORGAN

Mailing Address 1549 GREENWOOD

City State Zip Code
DEERFIELD IL 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMLIN COSMETICS BATH AMENITIES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128785

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WILLIAM MORGAN

Mailing Address 12215 ASHAWAY LANE

City State Zip Code
FRISCO TX 75035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125157

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KENNETH R MORSE

Mailing Address 6309 N PARK WAY

City State Zip Code
TACOMA WA 98407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
313.17

Transaction ID : SA17A.125175

Date of Receipt

M M / D D / Y Y Y Y
08 18 2015

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
KENNETH R MORSE

Mailing Address 6309 N PARK WAY

City State Zip Code
TACOMA WA 98407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
423.17

Transaction ID : SA17A.125176

Date of Receipt

M M / D D / Y Y Y Y
09 04 2015

Amount of Each Receipt this Period

110.00

C. Full Name (Last, First, Middle Initial)
LEANNE M MORSE

Mailing Address W178 N102099 WHITETA

City State Zip Code
GERMANTOWN WI 53022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125178

Date of Receipt

M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **560.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD MORTON

Mailing Address 108 TALAVERA PLACE

City State Zip Code
PALM BEACH GARDENS FL 33418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
775.00

Transaction ID : SA17A.125184

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period
775.00

B. Full Name (Last, First, Middle Initial)
YOLANDA A MORTON

Mailing Address 16262 PINEVIEW RD

City State Zip Code
SANTA CLARITA CA 91387

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MORTON GRINDING SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125186

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
FURMAN MOSELEY

Mailing Address 1202 39TH AVENUE E.

City State Zip Code
SEATTLE WA 98144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125188

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1775.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JULIE MOSHER

Mailing Address **825 N PROSPECT AVE**
S

City **MILWAUKEE** State **WI** Zip Code **53202**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125195

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STEPHEN MOSLING

Mailing Address **6075 PELICAN BAY BLVD A**

City **NAPLES** State **FL** Zip Code **34108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125197

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
CAROL MOSS

Mailing Address **942 FAIRWAY DRIVE**

City **BAKERSFIELD** State **CA** Zip Code **93309**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **COLLECTION AGENCY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125199

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) SENIZ MOUSHEY Mailing Address 148 SIDNEY BAY DR. City NEWPORT BEACH State CA Zip Code 92657 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.125206 Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
--	--	---

B. Full Name (Last, First, Middle Initial) GALA H MOWAT Mailing Address 4 PALA AVE City PIEDMONT State CA Zip Code 94611 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.125208 Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
--	--	---

C. Full Name (Last, First, Middle Initial) MARIAN E MOYER Mailing Address 6322 PILGRIM RD City MADISON State WI Zip Code 53711 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.125210 Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
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Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HERBERT J MUELLER

Mailing Address P.O. BOX 847

City State Zip Code
BETHANY BEACH DE 19930

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125211

Date of Receipt

MM / DD / YYYY
08 / 17 / 2015

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)
JIM MUELLER

Mailing Address 4349 BUCHANAN ROAD

City State Zip Code
OCONOMOWOC WI 53066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MUELLER LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125213

Date of Receipt

MM / DD / YYYY
07 / 07 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
JIM MUELLER

Mailing Address 4349 BUCHANAN ROAD

City State Zip Code
OCONOMOWOC WI 53066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MUELLER LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128697

Date of Receipt

MM / DD / YYYY
07 / 07 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ **5550.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JUDITH MUELLER

Mailing Address 4125 SANDY DRIVE

City	State	Zip Code
MERRILL	WI	54452

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125215

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
KATHRYN A MUELLER

Mailing Address PO BOX 96

City	State	Zip Code
FOX LAKE	WI	53933

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125217

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
MARY JO MUELLER

Mailing Address 4349 BUCHANAN ROAD

City	State	Zip Code
OCONOMOWOC	WI	53066

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128699

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONALD P MUENCH

Mailing Address 19070 STONEHEDGE DR UNI

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125219

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
RITA MULDROW

Mailing Address 1602 E CRYSTAL PL

City State Zip Code
BROWNFIELD TX 79316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253.00

Transaction ID : SA17A.125221

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
253.00

C. Full Name (Last, First, Middle Initial)
MAXINE B MULLEADY

Mailing Address PO BOX 679

City State Zip Code
MINOQUCA WI 54548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.125223

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
350.00

Subtotal Of Receipts This Page (optional).....▶ 853.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEOFFREY MULLER

Mailing Address PO BOX 420848

City State Zip Code
SUMMERLAND KEY FL 33042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE NONE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125225

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
MARK MULLER

Mailing Address 6001 NW COUNTY RD 12

City State Zip Code
AMORET MO 64722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125227

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
SUE MUNDY

Mailing Address PO BOX 2198

City State Zip Code
SUGAR LAND TX 77487

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125229

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DIANE MURPHREY

Mailing Address 3987 MOYE TURNAGE RD

City State Zip Code
FARMVILLE NC 27828

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COPY PRO INC. SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125237

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ANN M MURPHY

Mailing Address 1525 RUSTIC WAY

City State Zip Code
GREEN BAY WI 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MURPHY DEVELOPMENT OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125239

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ANTHONY MURPHY

Mailing Address 4005 MADISON STREET

City State Zip Code
HYATTSVILLE MD 20781

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125241

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANET K MURPHY

Mailing Address 424 E LINDBERGH

City State Zip Code
APPLETON WI 54911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125249

Date of Receipt

M M / D D / Y Y Y Y
09 15 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JEROME R MURPHY

Mailing Address 9 SPRINGBROOK CERCLE DR

City State Zip Code
APPLETON WI 54914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125251

Date of Receipt

M M / D D / Y Y Y Y
09 15 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
PAUL MURPHY

Mailing Address 55 OLD VERMONT PLACE

City State Zip Code
ATLANTA GA 30328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
E KING & SPALDING LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125253

Date of Receipt

M M / D D / Y Y Y Y
07 09 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD & ROXANN MURPHY

Mailing Address 804 AUBURN LAKES CIRCLE

City VENICE State FL Zip Code 34292

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125255

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
TERENCE MURPHY

Mailing Address 5606 NETHERLAND CT.

City DALLAS State TX Zip Code 75229

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125257

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
TIM MURPHY

Mailing Address 1739 LAUREL GLEN PLACE

City LAKELAND State FL Zip Code 33803

FEC ID number of contributing federal political committee.

Name of Employer NORTRAX INC Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125259

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			24			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TINA MUSBACH

Mailing Address **W334N5832 GARVIN LANE**

City **NASHOTAH** State **WI** Zip Code **53058**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STROHWIG INDUSTRIES** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125261

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ELLEN MUSSER

Mailing Address **233 MCHENRY RD**

City **INDIANA** State **PA** Zip Code **15701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125263

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
THOMAS MUSSONI

Mailing Address **115 FAIRWIND COURT**

City **FORT MILL** State **SC** Zip Code **29708**

FEC ID number of contributing federal political committee. **C**

Name of Employer **COMMERCIAL PROPERTY ADVISORS** Occupation **PARTNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125265

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICK MUTH

Mailing Address 11100 BEACH BOULEVARD, PO BOX E

City	State	Zip Code
STANTON	CA	90680

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ORCO BLOCK COMPANY	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125267

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RICK MUTH

Mailing Address 11100 BEACH BOULEVARD, PO BOX E

City	State	Zip Code
STANTON	CA	90680

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ORCO BLOCK COMPANY	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128700

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RICK MUTH

Mailing Address 11100 BEACH BOULEVARD, PO BOX E

City	State	Zip Code
STANTON	CA	90680

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ORCO BLOCK COMPANY	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128701

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

SEE REDESIGNATION

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
F. B MYERS

Mailing Address 100 BRANDON PL

City State Zip Code
WINSTON SALEM NC 27104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SALEM ELECTRIC ELECTRICAL CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125273

Date of Receipt

/ /

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
KAYE MYHRE

Mailing Address 4156 BRYNWOOD DRIVE

City State Zip Code
NAPLES FL 34119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125275

Date of Receipt

/ /

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
KAYE MYHRE

Mailing Address 4156 BRYNWOOD DRIVE

City State Zip Code
NAPLES FL 34119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128850

Date of Receipt

/ /

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **6400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) BRUCE NADEAU Mailing Address 4943 PARK RD APT 613 City CHARLOTTE State NC Zip Code 28209 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer V-STAX, LLC Occupation TECHNOLOGY DIRECTOR Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.125281 Date of Receipt M M / D D / Y Y Y Y 07 / 15 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
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B. Full Name (Last, First, Middle Initial) ELLIS O NAEGELE Mailing Address 7993 VIA VECHHIA City NAPLES State FL Zip Code 34108 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		Transaction ID : SA17A.125283 Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2015 Amount of Each Receipt this Period <input type="text" value="1000.00"/>
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C. Full Name (Last, First, Middle Initial) ROBERT NAEGELE Mailing Address 7993 VIA VECCHIA City NAPLES State FL Zip Code 34108 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		Transaction ID : SA17A.125285 Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2015 Amount of Each Receipt this Period <input type="text" value="1000.00"/>
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Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BOB NAGEL

Mailing Address **E10281 HIGHWAY 33**

City	State	Zip Code
BARABOO	WI	53913

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.125287

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
J. W NALL

Mailing Address **119 EUCLID AVENUE**

City	State	Zip Code
BIRMINGHAM	AL	35213

FEC ID number of contributing federal political committee. **C**

Name of Employer NALL DEVELOPMENT CORP	Occupation REAL ESTATE DEVELOPER
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.125289

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

_____ 250.00

C. Full Name (Last, First, Middle Initial)
MAX NALL

Mailing Address **32 W CEDAR AVE**

City	State	Zip Code
SAINT LOUIS	MO	63119

FEC ID number of contributing federal political committee. **C**

Name of Employer M2 ARCHITECT	Occupation PRINCIPAL
---	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.125291

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

_____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 750.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MAX NALL

Mailing Address **32 W CEDAR AVE**

City State Zip Code
SAINT LOUIS MO 63119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
M2 ARCHITECT PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Transaction ID : SA17A.125292

Date of Receipt
M M / D D / Y Y Y Y
08 11 2015

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
JAMES NAPIER

Mailing Address **2640 INDIAN HILL DRIVE**

City State Zip Code
GREEN BAY WI 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125294

Date of Receipt
M M / D D / Y Y Y Y
09 15 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DUANE NAQUIN

Mailing Address **112 WOODCOCK TRAIL**

City State Zip Code
WEST COLUMBIA SC 29169

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STONE INTERIORS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125296

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **760.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE 1151 / 2684			
<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN M NASSEFF

Mailing Address 59 4TH STREET W, APT 24

City ST PAUL State MN Zip Code 55102

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.125298

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period
10800.00

B. Full Name (Last, First, Middle Initial)
JOHN M NASSEFF

Mailing Address 59 4TH STREET W, APT 24

City ST PAUL State MN Zip Code 55102

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125299

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-5400.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JOHN M NASSEFF

Mailing Address 59 4TH STREET W, APT 24

City ST PAUL State MN Zip Code 55102

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125300

Date of Receipt
 M M / D D / Y Y Y Y
08 / 20 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ **10800.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN M NASSEFF

Mailing Address 59 4TH STREET W, APT 24

City State Zip Code
ST PAUL MN 55102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125301

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STEVE NASSEFF

Mailing Address 844 DORWIN RD

City State Zip Code
HUDSON WI 54016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NASSEFF MECHANICAL CONTRACTORS PROJECT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.125303

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
TAWNEE NASSEFF

Mailing Address 3657 SUNBURY DR

City State Zip Code
WOODBURY MN 55125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PAIGE J DONNELLY LTD IN-HOUSE ACCOUTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125305

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 10400.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARSHA NATION

Mailing Address **5901 N DOBBS RD**

City **HARRAH** State **OK** Zip Code **73045**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Transaction ID : SA17A.125307

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			27			2015			

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
JEFFREY NATROP

Mailing Address **619 N 72ND ST**

City **WAUWATOSA** State **WI** Zip Code **53213**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RENNER 414720213653ARCHITECTS** Occupation **ARCHITECT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17A.125309

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
JAMES NAVIN

Mailing Address **6343 WALBRANDT RD**

City **BURLINGTON** State **WI** Zip Code **53105**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SPEE-DEE PACKAGING** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.125311

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			20			2015			

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶

3450.00

Total This Period (last page this line number only).....▶

3450.00

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) CAROL NEAL		Transaction ID : SA17A.125313	
Mailing Address 7516 BLUEGRASS BLVD		Date of Receipt MM / DD / YYYY 07 / 21 / 2015	
City FABIUS	State NY	Zip Code 13063	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) CAROL NEAL		Transaction ID : SA17A.125314	
Mailing Address 7516 BLUEGRASS BLVD		Date of Receipt MM / DD / YYYY 09 / 18 / 2015	
City FABIUS	State NY	Zip Code 13063	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) DEAN NEDVIDEK		Transaction ID : SA17A.125316	
Mailing Address N8538 O THOMPSON RD		Date of Receipt MM / DD / YYYY 08 / 12 / 2015	
City HOLMEN	State WI	Zip Code 54636	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 203.00	
Name of Employer MODORN CRANE SERVICE	Occupation UNION LABORER		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 203.00		

Subtotal Of Receipts This Page (optional).....	703.00
Total This Period (last page this line number only).....	

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DEAN NEDVIDEK

Mailing Address **N8538 O THOMPSON RD**

City State Zip Code
HOLMEN WI 54636

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MODORN CRANE SERVICE UNION LABORER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
303.00

Transaction ID : SA17A.125317

Date of Receipt
M M / D D / Y Y Y Y
09 21 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
EDWARD NEFF

Mailing Address **5807 VAN ALLEN WAY**

City State Zip Code
CARLSBAD CA 92008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SMAC CORP PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125319

Date of Receipt
M M / D D / Y Y Y Y
08 14 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
KEVIN P NEHLS

Mailing Address **W4774 OAK HILL RD**

City State Zip Code
WATERTOWN WI 53098

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125321

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional)..... **3100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWARD NEISS

Mailing Address 200 CHARTER OAK DR

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125323

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
EDWARD NEISS

Mailing Address 200 CHARTER OAK DR

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125324

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial)
GEORGE NELLESSEN

Mailing Address 4654 RUBY AVENUE

City State Zip Code
RACINE WI 53402

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MEDISERVE, INC. MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125326

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRUCE NELSON

Mailing Address 7065 BROOKVIEW DR

City State Zip Code
URBANDALE IA 50322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125327

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
CAROL J NELSON

Mailing Address W11410 453RD AVENUE

City State Zip Code
PRESCOTT WI 54021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125329

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2015

REATTRIBUTED; SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
CAROL J NELSON

Mailing Address W11410 453RD AVENUE

City State Zip Code
PRESCOTT WI 54021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125330

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 100.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GRANT E NELSON

Mailing Address **W11410 453RD AVENUE**

City	State	Zip Code
PRESCOTT	WI	54021

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.125336

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period
 _____ -5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GRANT E NELSON

Mailing Address **W11410 453RD AVENUE**

City	State	Zip Code
PRESCOTT	WI	54021

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.125337

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

SEE REDESIGNATION

Amount of Each Receipt this Period
 _____ -2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GRANT E NELSON

Mailing Address **W11410 453RD AVENUE**

City	State	Zip Code
PRESCOTT	WI	54021

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.125338

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

REDESIGNATED

Amount of Each Receipt this Period
 _____ 2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ _____ 0.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL NELSON

Mailing Address 437 BEACH 133RD ST

City State Zip Code
BELLE HARBOR NY 11694

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125340

Date of Receipt

08 / 18 / 2015

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
R E NELSON

Mailing Address 3699 MACQUEEN CT

City State Zip Code
FAYETTEVILLE NC 28314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RESTAURANTURE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125342

Date of Receipt

08 / 11 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
SHARI NELSON

Mailing Address 835 COUNTY ROAD H
U

City State Zip Code
WISCONSIN DEL WI 53965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KALAHARI DEVELOPMENT LL PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125344

Date of Receipt

08 / 12 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **550.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TODD R NELSON

Mailing Address 835 COUNTY ROAD H UNIT

City State Zip Code
WISCONSIN DEL WI 53965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KALAHARI DEVELOPMENT LL PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125346

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
TODD R NELSON

Mailing Address 835 COUNTY ROAD H UNIT

City State Zip Code
WISCONSIN DEL WI 53965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KALAHARI DEVELOPMENT LL PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125347

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WILLIAM NELSON

Mailing Address P.O. BOX 217

City State Zip Code
STONE LAKE WI 54876

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125349

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional).....▶ 5700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KRISTIN NEWHOUSE

Mailing Address

City State Zip Code
LA CROSSE WI

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125365

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MARY NEWTON

Mailing Address 607 E TAYLOR RUN PKW

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125369

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
PETER NEWTON

Mailing Address 2928 CRYDER WAY

City State Zip Code
YORKVILLE IL 60560

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NEAL, GERBER & EISENBERG, LLP LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125371

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EVA MICH NGUYEN

Mailing Address 211 HAYDEN LN

City State Zip Code
NEWNAN GA 30265

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SOUTHWEST CHRISTIAN CARE RN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125373

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
NGAI NGUYEN

Mailing Address 696 EAST SANTA CLARA ST
1

City State Zip Code
SAN JOSE CA 95112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125374

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JONH NICEWONDER

Mailing Address 148 BRISTOL E RD

City State Zip Code
BRISTOL VA 24202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE NICEWONDER GROUP BUSINESSMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125376

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 850.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
D J NICHOLSON

Mailing Address 3400 BARROW ISLAND RD

City State Zip Code
JUPITER FL 33477

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YORK MANAGEMENT CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128880

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
D J NICHOLSON

Mailing Address 3400 BARROW ISLAND RD

City State Zip Code
JUPITER FL 33477

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YORK MANAGEMENT CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128881

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BUB NICKEL

Mailing Address 10685B HAZELHURST DRIVE

City State Zip Code
HOUSTON TX 77043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125386

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELLEN NICKLAUS

Mailing Address **N5127 WALSH RD**

City State Zip Code
IRMA WI 54442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125393

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
ELLEN NICKLAUS

Mailing Address **N5127 WALSH RD**

City State Zip Code
IRMA WI 54442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125394

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RONALD H NICKLAUS

Mailing Address **N5127 WALSH RD**

City State Zip Code
IRMA WI 54442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125396

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TODD NICKLAUS

Mailing Address **7815 VOLKMAN STREET**

City **ROTHSCHILD** State **WI** Zip Code **54474**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RIVER VALLEY BANK** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125398

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
RON NICOL

Mailing Address **6897 MEMORIAL DRIVE**

City **FRISCO** State **TX** Zip Code **75034**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BOSTON CONSULTING GROUP** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125400

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			19			2015			

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
MICHAEL F NIKOLAI

Mailing Address **E2358 ROCKY HILL LN**

City **WAUPACA** State **WI** Zip Code **54981**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WAUPACA FOUNDRY** Occupation **PRESIDENT/COO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125402

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2015			

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **8600.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELIZABET NIMMO

Mailing Address 28402 TEAL CT

City State Zip Code
MAGNOLIA TX 77355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253.00

Transaction ID : SA17A.125404

Date of Receipt

M M / D D / Y Y Y Y
08 07 2015

Amount of Each Receipt this Period

253.00

B. Full Name (Last, First, Middle Initial)
JOEL NINNEMAN

Mailing Address 1000 VISTA RIDGE DRIVE

City State Zip Code
MOUNT HOREB WI 53572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CDW PROJECT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125406

Date of Receipt

M M / D D / Y Y Y Y
06 22 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JEFFREY NOARD

Mailing Address N74W15970 STONEWOOD

City State Zip Code
MENOMONEE FAL WI 53051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PREMIER LEGENCY WEALTH MANAGEMENT INVESTMENT CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125408

Date of Receipt

M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **1503.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT NOCEK

Mailing Address 13 PAMRAPO CT E

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.125410

Date of Receipt
MM / DD / YYYY
07 / 23 / 2015

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
LYNN NOFZIGER

Mailing Address 4001 EDWARD DRIVE

City State Zip Code
BRUNSWICK OH 44212

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.125412

Date of Receipt
MM / DD / YYYY
07 / 30 / 2015

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
ILENE NOLTE

Mailing Address 406 CARRIAGE LN

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Transaction ID : SA17A.125414

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015

REATTRIBUTED; SEE REDESIGNATION

Amount of Each Receipt this Period
 5400.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 1250.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ILENE NOLTE

Mailing Address 406 CARRIAGE LN

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125415

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ILENE NOLTE

Mailing Address 406 CARRIAGE LN

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125416

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RAYMOND NOLTE

Mailing Address 406 CARRIAGE LN

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SKYBRIDGE CAPITAL INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.125418

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period
10800.00

Subtotal Of Receipts This Page (optional).....▶ 10800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RAYMOND NOLTE

Mailing Address 406 CARRIAGE LN

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SKYBRIDGE CAPITAL INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125419

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RAYMOND NOLTE

Mailing Address 406 CARRIAGE LN

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SKYBRIDGE CAPITAL INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125420

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RAYMOND NOLTE

Mailing Address 406 CARRIAGE LN

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SKYBRIDGE CAPITAL INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125421

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
REBECCA NOLTE

Mailing Address 4103 S BURRELL ST

City State Zip Code
MILWAUKEE WI 53207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
W.B. BOTTLE SUPPLY CO. FACTORY WORKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125422

Date of Receipt

/ /

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
REBECCA NOLTE

Mailing Address 4103 S BURRELL ST

City State Zip Code
MILWAUKEE WI 53207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
W.B. BOTTLE SUPPLY CO. FACTORY WORKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125423

Date of Receipt

/ /

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
REBECCA NOLTE

Mailing Address 4103 S BURRELL ST

City State Zip Code
MILWAUKEE WI 53207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
W.B. BOTTLE SUPPLY CO. FACTORY WORKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.125424

Date of Receipt

/ /

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
REBECCA NOLTE

Mailing Address 4103 S BURRELL ST

City	State	Zip Code
MILWAUKEE	WI	53207

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
W.B. BOTTLE SUPPLY CO.	FACTORY WORKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125425

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			12			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
REBECCA NOLTE

Mailing Address 4103 S BURRELL ST

City	State	Zip Code
MILWAUKEE	WI	53207

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
W.B. BOTTLE SUPPLY CO.	FACTORY WORKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125426

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			27			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
REBECCA NOLTE

Mailing Address 4103 S BURRELL ST

City	State	Zip Code
MILWAUKEE	WI	53207

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
W.B. BOTTLE SUPPLY CO.	FACTORY WORKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125427

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1179 / 2684

16 17a 17b 17c 17d 18
 19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEVEN J NOOYEN

Mailing Address 1171 DREWS DR

City State Zip Code
DE PERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOME INSTEAD SENIOR CARE 149 FRANCHISE OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125429

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
NANCY NORD

Mailing Address 700 NEW HAMPSHIRE, NW

City State Zip Code
WASHINGTON DC 20037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125431

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
RAYBURN NORLING

Mailing Address PO BOX 753

City State Zip Code
WILLMAR MN 56201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LIFE SCIENCE INNOVATIONS BUSINESS MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125433

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

300.00

Subtotal Of Receipts This Page (optional).....▶ 1300.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1180 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RALPH NORMAN

Mailing Address **PO BOX 36518**

City State Zip Code
ROCK HILL SC 29732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SOUTH CAROLINA HOUSE OF REPR REPUBLICAN MEMBER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125435

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
H. C NORRIS

Mailing Address **5700 W BENDER CT**

City State Zip Code
MILWAUKEE WI 53218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COLUMBIAN ART WORKS INC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.125437

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
GUY NORTHCUTT

Mailing Address **505 WOODVALLEY DR SW**

City State Zip Code
MARIETTA GA 30064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125438

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **2600.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1182 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LISA NOVACEK

Mailing Address 7103

City State Zip Code
IRVING TX 75039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FINANCIAL SERVICES CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1050.00

Transaction ID : SA17A.125445

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
1050.00

B. Full Name (Last, First, Middle Initial)
RICH & KATIE NOVCASKI

Mailing Address 3201 MERGANSER AVE

City State Zip Code
ANCHORAGE AK 99516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125447

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
GLADYS NOVOTNY

Mailing Address 397 E CHURCH ST.

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125449

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1550.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STANLEY NUSBAUM

Mailing Address 7126 SARATOGA LANE

City State Zip Code
CHATTANOOGA, TN 37421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
236.00

Transaction ID : SA17A.125455

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
BILL NYBORG

Mailing Address 46 SUNNYGROVE DR.

City State Zip Code
ODESSA TX 79761

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SOUTHWESTERN MACHINE BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125457

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
FRANCIS NYE

Mailing Address 10500 ACADEMY RD, NE, APT 212

City State Zip Code
ALBUQUERQUE NM 87111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125459

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1350.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BETTY O'BRIEN

Mailing Address 60 MURRAY BLVD.

City State Zip Code
CHARLESTON SC 29401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.125464

Date of Receipt

07 / **13** / **2015**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
RICHARD O'BRIEN

Mailing Address PO BOX 698
247 MORGANS RUN

City State Zip Code
WHITE STONE VA 22578

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125466

Date of Receipt

07 / **13** / **2015**

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
JOHN O'DONNELL

Mailing Address 567 SAN NICOLAS DR

City State Zip Code
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE O'DONNELL GROUP CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Transaction ID : SA17A.125468

Date of Receipt

07 / **06** / **2015**

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period

10000.00

Subtotal Of Receipts This Page (optional)..... **10750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN O'DONNELL

Mailing Address 567 SAN NICOLAS DR

City State Zip Code
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE O'DONNELL GROUP CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.125469

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-5000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JOHN O'DONNELL

Mailing Address 567 SAN NICOLAS DR

City State Zip Code
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE O'DONNELL GROUP CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125470

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2300.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JOHN O'DONNELL

Mailing Address 567 SAN NICOLAS DR

City State Zip Code
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE O'DONNELL GROUP CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125471

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

REDESIGNATION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA O'DONNELL

Mailing Address 562 SAN NICHOLAS DRI

City State Zip Code
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.125473

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PATRICIA O'DONNELL

Mailing Address 562 SAN NICHOLAS DRI

City State Zip Code
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125474

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2300.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
PATRICIA O'DONNELL

Mailing Address 562 SAN NICHOLAS DRI

City State Zip Code
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.125475

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2300.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LEO A O'HEARN

Mailing Address 3700 KETCH AVENUE 106

City	State	Zip Code
OXNARD	CA	93035

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125477

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2015			

SEE REDESIGNATION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
LEO A O'HEARN

Mailing Address 3700 KETCH AVENUE 106

City	State	Zip Code
OXNARD	CA	93035

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125478

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2015			

SEE REDESIGNATION

Amount of Each Receipt this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
LEO A O'HEARN

Mailing Address 3700 KETCH AVENUE 106

City	State	Zip Code
OXNARD	CA	93035

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125479

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2015			

REDESIGNATED

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KRISTINE K O'MEARA

Mailing Address **652 S 8TH AVE**

City **WEST BEND** State **WI** Zip Code **53095**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TOOMAVARA PARTNERS, LLC** Occupation **REAL ESTATE BROKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125487

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
BEVERLY H OASHGAR

Mailing Address **306 N SEGOE RD**

City **MADISON** State **WI** Zip Code **53705**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125488

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2015

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
VIRGINIA OATES

Mailing Address **3867 OLYMPIA DR**

City **HOUSTON** State **TX** Zip Code **77019**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125490

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **3000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER OATWAY

Mailing Address **6251 PARK ROAD**

City **MCLEAN** State **VA** Zip Code **22101**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VERIZON** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125492

Date of Receipt
M M / D D / Y Y Y Y
07 / 04 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BONNIE A OBERNBERGE

Mailing Address **5927 QUAKER HILL RD**

City **MOUNT PLEASAN** State **WI** Zip Code **53406**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125494

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DAVID J OBERNBERGE

Mailing Address **5927 QUAKER HILL RD**

City **MOUNT PLEASAN** State **WI** Zip Code **53406**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125496

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **3000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JIM OBERWEIS

Mailing Address **3 BUCKINGHAM DR**

City State Zip Code
SUGAR GROVE IL 60554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE OF ILLINOIS 25TH DISTR SENATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17A.125497

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS OCHELTRIE

Mailing Address **9 KILBORN**

City State Zip Code
BLOOMINGTON IL 61704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ORAL SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.125498

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
RALPH ODYA

Mailing Address **2245 W VOGEL AVE**

City State Zip Code
MILWAUKEE WI 53221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MR.RALPH J ODYA FAMILY NURSE PRACTITIONER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125499

Date of Receipt
M M / D D / Y Y Y Y
07 17 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ **1225.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NOBERT OEHL

Mailing Address 756 S ORLANDO AVE APT 111

City	State	Zip Code
COCOA BEACH	FL	32931

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125501

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
KENNETH OERKE

Mailing Address 16208 NE 162ND ST.

City	State	Zip Code
KEARNEY	MO	64060

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125503

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
BRUCE OESTER

Mailing Address 13817 NE 93RD ST

City	State	Zip Code
VANCOUVER	WA	98682

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125505

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="203.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PETER OGDEN

Mailing Address W290 N2171 HAPPY HOLLOW RD

City State Zip Code
PEWAUKEE WI 53072

FEC ID number of contributing federal political committee.

Name of Employer Occupation
OGDEN & COMPANY, INC. REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125507

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JOHN OGLESBY

Mailing Address 25265 E PARK CRESCEN

City State Zip Code
AURORA CO 80016

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MOBILENOW CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125508

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN OGLESBY

Mailing Address 25265 E PARK CRESCEN

City State Zip Code
AURORA CO 80016

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MOBILENOW CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125509

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN OGLESBY

Mailing Address 25265 E PARK CRESCEN

City State Zip Code
AURORA CO 80016

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MOBILENOW CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125510

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DANIEL OHAIR

Mailing Address W200S8609 WOODS ROAD

City State Zip Code
MUSKETO WI 53150

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125512

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DENNIS OHARA

Mailing Address 415 OGDEN AVE

City State Zip Code
SUPERIOR WI 54880

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MIDWEST COIN CONCEPTS MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125514

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) PATRICIA OKRAY			Transaction ID : SA17A.125521		
Mailing Address P.O. BOX 489			Date of Receipt MM / DD / YYYY 08 / 12 / 2015		
City PLOVER	State WI	Zip Code 54467	SEE REATTRIBUTION		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2000.00		
Name of Employer RETIRED	Occupation RETIRED		[MEMO ITEM]		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4700.00				

B. Full Name (Last, First, Middle Initial) PATRICIA OKRAY			Transaction ID : SA17A.125522		
Mailing Address P.O. BOX 489			Date of Receipt MM / DD / YYYY 08 / 12 / 2015		
City PLOVER	State WI	Zip Code 54467	SEE REATTRIBUTION		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period -2000.00		
Name of Employer RETIRED	Occupation RETIRED		[MEMO ITEM]		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00				

C. Full Name (Last, First, Middle Initial) DONNIE OLDHAM			Transaction ID : SA17A.125524		
Mailing Address 2412 BROOKWOOD TRL			Date of Receipt MM / DD / YYYY 07 / 14 / 2015		
City SANFORD	State NC	Zip Code 27330	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer SANFORD CONTRACTORS	Occupation PRESIDENT				
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00				

Subtotal Of Receipts This Page (optional)..... **2250.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONNIE OLDHAM

Mailing Address **2412 BROOKWOOD TRL**

City **SANFORD** State **NC** Zip Code **27330**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SANFORD CONTRACTORS** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

Transaction ID : SA17A.125525

Date of Receipt
 M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
ELIZABETH OLESON

Mailing Address **807 4TH STREET**

City **KALONA** State **IA** Zip Code **52247**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Transaction ID : SA17A.125527

Date of Receipt
 M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH OLESON

Mailing Address **807 4TH STREET**

City **KALONA** State **IA** Zip Code **52247**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1050.00**

Transaction ID : SA17A.125528

Date of Receipt
 M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period
550.00

Subtotal Of Receipts This Page (optional).....▶ **1150.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NELSON OLF

Mailing Address 2736 MAGNOLIA WAY

City State Zip Code
FOREST GROVE OR 97116

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125530

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
COLLEEN OLHAUSEN

Mailing Address 854 E MAPLE DR

City State Zip Code
HARTLEY IA 51346

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125532

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JASON OLIVER

Mailing Address 2537 MUGHO DR

City State Zip Code
HARKER HEIGHTS TX 76548

FEC ID number of contributing federal political committee.

Name of Employer Occupation
US ARMY ARMY OFFICER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125534

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ERIC OLOFSON

Mailing Address 10433 BAINBRIDGE AVENUE

City State Zip Code
LOS ANGELES CA 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.125536

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
SEAN OLOUGHLIN

Mailing Address 215 EAST 24TH STREET # 823

City State Zip Code
NEW YORK NY 10010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GLOBAL BIOMECHANICAL SOLUTIONS, INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125538

Date of Receipt
M M / D D / Y Y Y Y
07 / 26 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BEVERLY OLSON

Mailing Address 20 IDLE HOUR DRIVE

City State Zip Code
MACON GA 31210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
1842 INN BED & BREAKFAST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125540

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 3500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BEVERLY OLSON

Mailing Address 20 IDLE HOUR DRIVE

City State Zip Code
MACON GA 31210

FEC ID number of contributing federal political committee.

Name of Employer Occupation
1842 INN BED & BREAKFAST

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17A.125541

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CHARLES OLSON

Mailing Address 592 CRAWFORD DRIVE

City State Zip Code
SUNNYVALE CA 94087

FEC ID number of contributing federal political committee.

Name of Employer Occupation
C J OLSON CHERRIES OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17A.125542

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DONNA OLSON

Mailing Address 2205 DOVER LN

City State Zip Code
TYLER TX 75703

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Transaction ID : SA17A.125543

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HOWARD OLSON

Mailing Address 609 BRISTOL PL

City MURRELLS INLE State SC Zip Code 29576

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125545

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KEITH OLSON

Mailing Address 806 SUNCREST DRIVE

City NOKOMIS State FL Zip Code 34275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.125547

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
220.00

C. Full Name (Last, First, Middle Initial)
KENNETH OLSON

Mailing Address 12370 KELLY SANDS WAY

City FORT MYERS State FL Zip Code 33908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125549

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 970.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LLOYD OLSON

Mailing Address 3214 PRITCHARD DR

City State Zip Code
RACINE WI 53406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125551

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LLOYD OLSON

Mailing Address 3214 PRITCHARD DR

City State Zip Code
RACINE WI 53406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.125552

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
LLOYD OLSON

Mailing Address 3214 PRITCHARD DR

City State Zip Code
RACINE WI 53406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.125553

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RAMON E OLSON

Mailing Address **N50W23076 BETKER DR**

City **PEWAUKEE** State **WI** Zip Code **53072**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125555

Date of Receipt

MM / DD / YYYY
08 / 10 / 2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
ROBERT OLSON

Mailing Address **2955 MAIN STREET, STE 300**

City **IRVINE** State **CA** Zip Code **92614**

FEC ID number of contributing federal political committee. **C**

Name of Employer **R D OLSON CONSTRUCTION** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125557

Date of Receipt

MM / DD / YYYY
06 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
ROBERT OLSON

Mailing Address **2955 MAIN STREET, STE 300**

City **IRVINE** State **CA** Zip Code **92614**

FEC ID number of contributing federal political committee. **C**

Name of Employer **R D OLSON CONSTRUCTION** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128731

Date of Receipt

MM / DD / YYYY
06 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **6400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD OMALLEY

Mailing Address 1041 E RAVINE LANE

City State Zip Code
BAYSIDE WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOOKING GLASS INVESTMENTS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125559

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RICHARD OMALLEY

Mailing Address 1041 E RAVINE LANE

City State Zip Code
BAYSIDE WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOOKING GLASS INVESTMENTS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128815

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RICHARD OMALLEY

Mailing Address 1041 E RAVINE LANE

City State Zip Code
BAYSIDE WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOOKING GLASS INVESTMENTS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128816

Date of Receipt
MM / DD / YYYY
06 / 29 / 2015

REDESIGNATED

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD OMALLEY

Mailing Address 1041 E RAVINE LANE

City State Zip Code
BAYSIDE WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOOKING GLASS INVESTMENTS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

Transaction ID : SA17A.125560

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
BRIAN ONEIL

Mailing Address 200 HARBORVIEW DRIVE

City State Zip Code
TAVERNIER FL 33070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125562

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CONNIE ONEILL

Mailing Address 153 BAY DRIVE

City State Zip Code
HENDERSONVILLE TN 37075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1150.00

Transaction ID : SA17A.125563

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHERRIE ORANGE

Mailing Address 1210 MARTHA LEEVILLE

City State Zip Code
LEBANON TN 37090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125565

Date of Receipt

06 / **18** / **2015**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
HENRY ORLINSKY

Mailing Address 586 SUNDERLAND ROAD

City State Zip Code
TEANECK NJ 07666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125567

Date of Receipt

09 / **09** / **2015**

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
SUSAN H ORNE

Mailing Address S6W31202 HIDDEN HOLW

City State Zip Code
DELAFIELD WI 53018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125569

Date of Receipt

07 / **14** / **2015**

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **1750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUSAN H ORNE

Mailing Address **S6W31202 HIDDEN HOLW**

City State Zip Code
DELAFIELD WI 53018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125570

Date of Receipt
M M / D D / Y Y Y Y
07 14 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOANNE ORR

Mailing Address **19 PAR CLUB CIR**

City State Zip Code
VILLAGE OF GO FL 33436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125572

Date of Receipt
M M / D D / Y Y Y Y
08 19 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
WILLIAM ORR

Mailing Address **103 S ELM ST**

City State Zip Code
ITASCA TX 76055

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ORRCO INTERNATIONAL SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125574

Date of Receipt
M M / D D / Y Y Y Y
07 17 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **3700.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHARON T ORTHWEIN

Mailing Address 1404 ELMHURST LANE

City State Zip Code
FLOWER MOUND TX 75028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125576

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
PHYLLIS ORTMAN

Mailing Address 1244 BELLEVIEW DRIVE

City State Zip Code
FORT COLLINS CO 80526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.125577

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
WILLIAM S ORTWEIN

Mailing Address 4376 STILSON CIR

City State Zip Code
PEACHTREE COR GA 30092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALSTON&BIRD LLP. PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125579

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 775.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JACK OSBORN

Mailing Address 301 LA COLINA DR

City State Zip Code
REDLANDS CA 92374

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF REDLANDS PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125581

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM OSTREAM

Mailing Address 15455 PASEO DEL SUR

City State Zip Code
SAN DIEGO CA 92127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.125583

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
ANNETTE K OSTROM

Mailing Address 4200 OLD MILITARY RD

City State Zip Code
DE PERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PFIZER SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125585

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES J OSTROM

Mailing Address 4200 OLD MILITARY ROAD

City	State	Zip Code
DE PERE	WI	54115

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Transaction ID : SA17A.125587

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
 5400.00

B. Full Name (Last, First, Middle Initial)
JAMES J OSTROM

Mailing Address 4200 OLD MILITARY ROAD

City	State	Zip Code
DE PERE	WI	54115

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.125588

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		15		2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
 -2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WILLIAM OSTROM

Mailing Address 35115 CARNATION LN

City	State	Zip Code
INDIAN LAND	SC	29707

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Transaction ID : SA17A.125589

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		03		2015

Amount of Each Receipt this Period
 100.00

Subtotal Of Receipts This Page (optional)..... 5500.00

Total This Period (last page this line number only).....

SCHEDULE A-P
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VICTORIA OSTRY

Mailing Address **3725 YUKON RD**

City **BROOKFIELD** State **WI** Zip Code **53045**

FEC ID number of contributing federal political committee.

Name of Employer **SELF-EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125591

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
VICTORIA OSTRY

Mailing Address **3725 YUKON RD**

City **BROOKFIELD** State **WI** Zip Code **53045**

FEC ID number of contributing federal political committee.

Name of Employer **SELF-EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125592

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JACK OTT

Mailing Address **2381 S. BRENTWOOD ST**

City **LAKEWOOD** State **CO** Zip Code **80227**

FEC ID number of contributing federal political committee.

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125593

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KARL G OTZEN

Mailing Address P.O. BOX 190

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125595

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
THOMAS W OUTMAN

Mailing Address 835 VILLA PARK CT

City State Zip Code
FORT WAYNE IN 46808

FEC ID number of contributing federal political committee.

Name of Employer Occupation
OUTMAN INDUSTRIES, INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125597

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ALEXANDE P OWEN

Mailing Address P.O. BOX 2348

City State Zip Code
JANESVILLE WI 53547

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CHAMBERS AND OWEN BUYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125599

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL OWENS

Mailing Address 425 HUDSON AVE

City State Zip Code
CLARENDON HIL IL 60514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
OSG GLOBAL SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125601

Date of Receipt

M M / D D / Y Y Y Y
06 / 24 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
PAT OWENS

Mailing Address 157 SCOTT LN

City State Zip Code
PRATTVILLE AL 36066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125603

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
J. SCOTT O'BRIEN

Mailing Address 115 TUTTLE ROAD

City State Zip Code
SAN ANTONIO TX 78209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125605

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

5400.00

Subtotal Of Receipts This Page (optional).....▶ 5950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD O'BRIEN

Mailing Address **PO BOX 698**

City State Zip Code
WHITE STONE VA 22578

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125607

Date of Receipt
M M / D D / Y Y Y Y
07 18 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROBERT O'BRIEN

Mailing Address **524 DARTMOUTH PLACE**

City State Zip Code
LA CANADA CA 91011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ARENT FOX LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.125609

Date of Receipt
M M / D D / Y Y Y Y
06 26 2015

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
TOM O'BRIEN

Mailing Address **124 FORECASTLE CT**

City State Zip Code
WASHINGTON NC 27889

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125611

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **3250.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MIKE O'HANLON

Mailing Address 1707 REMINIGTON ST

City	State	Zip Code
PLEASANT HILL	MO	64080

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NASB	NET ADMIN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125613

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
MARION PACE

Mailing Address 1301 38TH ST

City	State	Zip Code
SACRAMENTO	CA	95816

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125615

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

C. Full Name (Last, First, Middle Initial)
ROBERT PACINI

Mailing Address 3355 WEST ALABAMA SUITE

City	State	Zip Code
HOUSTON	TX	77098

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125617

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DIANNE PADGETT

Mailing Address 10803 BURGOYNE ROAD

City HOUSTON State TX Zip Code 77042

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation CONSULTING GEOPHYSICIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125618

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 26 / 2015

Amount of Each Receipt this Period
 500.00

Amount of Each Receipt this Period
 550.00

B. Full Name (Last, First, Middle Initial)
DIANNE PADGETT

Mailing Address 10803 BURGOYNE ROAD

City HOUSTON State TX Zip Code 77042

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation CONSULTING GEOPHYSICIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125619

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 20 / 2015

Amount of Each Receipt this Period
 100.00

Amount of Each Receipt this Period
 650.00

C. Full Name (Last, First, Middle Initial)
DIANNE PADGETT

Mailing Address 10803 BURGOYNE ROAD

City HOUSTON State TX Zip Code 77042

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation CONSULTING GEOPHYSICIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125620

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 11 / 2015

Amount of Each Receipt this Period
 50.00

Amount of Each Receipt this Period
 700.00

Subtotal Of Receipts This Page (optional).....▶ **650.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1219 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DIANNE PADGETT

Mailing Address **10803 BURGOYNE ROAD**

City **HOUSTON** State **TX** Zip Code **77042**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CONSULTING GEOPHYSICIST**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **750.00**

Transaction ID : SA17A.125621

Date of Receipt
 M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
KAREN PAGANINI

Mailing Address **8863 ROBIN LANE**

City **KIRTLAND** State **OH** Zip Code **44094**

FEC ID number of contributing federal political committee. **C**

Name of Employer **K & D GROUP** Occupation **PRESIDENT/CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Transaction ID : SA17A.125623

Date of Receipt
 M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ROBERT PAGETT

Mailing Address **800 WHISPERING PINES**

City **SCOTTS VALLEY** State **CA** Zip Code **95066**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ASSIST INTERNATIONAL** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Transaction ID : SA17A.125625

Date of Receipt
 M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1300.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN PAGIN

Mailing Address 104 WAYNE ST

City	State	Zip Code
HOWE	IN	46746

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125627

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

B. Full Name (Last, First, Middle Initial)
PETER PAIROLERO

Mailing Address 1215 19TH AVE NE

City	State	Zip Code
ROCHESTER	MN	55906

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125629

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
ANDREW PALEC

Mailing Address 7435 W. WELLS STREET

City	State	Zip Code
WAUWATOSA	WI	53213

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
C.D. SMITH CONSTRUCTION	CONSTRUCTION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125631

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LYNN PALMER

Mailing Address **2005 COACHLIGHT CT**

City State Zip Code
DELAFIELD WI 53018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125639

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GEORGE PALMETEER

Mailing Address **16680 W 11TH AVE**

City State Zip Code
GOLDEN CO 80401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125641

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
E. SCOTT PALMETZ

Mailing Address **1136 LAVENDER LANE**

City State Zip Code
LA CANADA CA 91011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PALMER, DOMBATLDI & DONOHUE, LLP LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.125643

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
2500.00

Subtotal Of Receipts This Page (optional)..... **3500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALEJANDRO PALOMARES

Mailing Address 5802 BOB BULLOCK LOOP C1-23-147

City	State	Zip Code
LAREDO	TX	78041

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	BIBLE COLLEGE DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125645

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

B. Full Name (Last, First, Middle Initial)
JULIE PALOMARES

Mailing Address 5802 BOB BULLOCK LOOP C1-23-147

City	State	Zip Code
LAREDO	TX	78041

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	BIBLE COLLEGE DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125647

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

C. Full Name (Last, First, Middle Initial)
ROBERT T PALTZER

Mailing Address PO BOX 1933

City	State	Zip Code
APPLETON	WI	54912

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125649

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT T PALTZER

Mailing Address **PO BOX 1933**

City **APPLETON** State **WI** Zip Code **54912**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125650

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN PANKRATZ

Mailing Address **9219 BEVERLY PL**

City **WAUWATOSA** State **WI** Zip Code **53226**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125652

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RICHARD PANKRATZ

Mailing Address **2401 N. 70TH STREET**

City **WAUWATOSA** State **WI** Zip Code **53213**

FEC ID number of contributing federal political committee. **C**

Name of Employer **IFS NORTH AMERICA, INC** Occupation **IT MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125654

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANDREAS PANOPOULOS

Mailing Address 4730 NOYES ST.

City State Zip Code
SAN DIEGO CA 92109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FLOWJO SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125656

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LARRY PAPASAN

Mailing Address 5114 WINTON PLACE

City State Zip Code
MEMPHIS TN 38117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125658

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LARRY PAPASAN

Mailing Address 5114 WINTON PLACE

City State Zip Code
MEMPHIS TN 38117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.125659

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 600.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CARYN PAPENTHIEN

Mailing Address 2811 MAKOU TRL

City State Zip Code
WAUKESHA WI 53189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COURI INSURANCE VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125661

Date of Receipt
MM / DD / YYYY
07 / 07 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
CARYN PAPENTHIEN

Mailing Address 2811 MAKOU TRL

City State Zip Code
WAUKESHA WI 53189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COURI INSURANCE VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125662

Date of Receipt
MM / DD / YYYY
07 / 07 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KELLY PAPENTHIEN

Mailing Address 2811 MAKOU TRL

City State Zip Code
WAUKESHA WI 53189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STAFF ELECTRIC MASTER ELECTRICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125664

Date of Receipt
MM / DD / YYYY
07 / 07 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANALU PARCHMAN

Mailing Address 408 LISCIO CV

City	State	Zip Code
GEORGETOWN	TX	78628

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125665

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JACQUES W PARE

Mailing Address 10150 GREENSWARD LIN

City	State	Zip Code
IJAMSVILLE	MD	21754

FEC ID number of contributing federal political committee.

Name of Employer FREDERICK'S RENTAL INVESTMEN	Occupation OWNER
--	---------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125667

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOSEPH PARIS

Mailing Address 2707 UTICA PIKE

City	State	Zip Code
JEFFERSONVILL	IN	47130

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125669

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID PARKER

Mailing Address 1608 SAINT ANDREWS R
G

City Greensboro State NC Zip Code 00000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TRIANGLE CAPITAL CORP BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125671

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JACOB PARKER

Mailing Address 4757 BELLA COLLINA CT.

City Colorado Springs State CO Zip Code 80906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US-CHINA BUSINESS COUNCIL DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125672

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JACOB PARKER

Mailing Address 4757 BELLA COLLINA CT.

City Colorado Springs State CO Zip Code 80906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US-CHINA BUSINESS COUNCIL DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
330.00

Transaction ID : SA17A.125673

Date of Receipt
M M / D D / Y Y Y Y
08 / 26 / 2015

Amount of Each Receipt this Period
30.00

Subtotal Of Receipts This Page (optional).....▶ 630.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ARLIS B PARKHURST

Mailing Address 10260 STRAIT LN

City State Zip Code
DALLAS TX 75229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125675

Date of Receipt

06 / 18 / 2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
LINDA PARNES

Mailing Address 5445 NW 41ST STREET TERRACE

City State Zip Code
BOCA RATON FL 33496

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128811

Date of Receipt

09 / 11 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROBERT PARNES

Mailing Address 5445 NW 41ST STREET TERRACE

City State Zip Code
BOCA RATON FL 33496

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125677

Date of Receipt

09 / 11 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

Subtotal Of Receipts This Page (optional).....▶ **6400.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT PARNES

Mailing Address 5445 NW 41ST STREET TERRACE

City	State	Zip Code
BOCA RATON	FL	33496

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128809

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period
 _____ -2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CHARLES PARSONS

Mailing Address 104 RICHARD RD

City	State	Zip Code
SYRACUSE	NY	13215

FEC ID number of contributing federal political committee. **C**

Name of Employer PARSONS & ASSOCIATES, INC	Occupation INS BROKER
---	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Transaction ID : SA17A.125678

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2015			

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
CHARLES PARSONS

Mailing Address 104 RICHARD RD

City	State	Zip Code
SYRACUSE	NY	13215

FEC ID number of contributing federal political committee. **C**

Name of Employer PARSONS & ASSOCIATES, INC	Occupation INS BROKER
---	--------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 450.00

Transaction ID : SA17A.125679

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			24			2015			

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARGARET PARTSCH

Mailing Address **14881 RIVER RD NE**

City **GERVAIS** State **OR** Zip Code **97026**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
232.00

Transaction ID : SA17A.125680

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period
60.00

B. Full Name (Last, First, Middle Initial)
WILLIAM PASCALE

Mailing Address **360 LENNI ROAD**

City **ASTON** State **PA** Zip Code **19014**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CARPENTER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125682

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM PASCALE

Mailing Address **360 LENNI ROAD**

City **ASTON** State **PA** Zip Code **19014**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CARPENTER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.125683

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **810.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BETTY PATTERSON

Mailing Address 165 W. JACKSON ST.
P.O. BOX 101

City State Zip Code
MILLERSBURG OH 44654

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RECRUITER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125696

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
KATHLEEN PATTERSON

Mailing Address 1450 SYLVANER AVE.

City State Zip Code
ST. HELENA CA 94574

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125698

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CARTER PATTESON

Mailing Address 2700 HARRISBURG RD

City State Zip Code
JONESBORO AR 72401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17A.125699

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CARTER PATTESON

Mailing Address 2700 HARRISBURG RD

City State Zip Code
JONESBORO AR 72401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1101.00

Transaction ID : SA17A.125700

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

1.00

B. Full Name (Last, First, Middle Initial)
CARTER PATTESON

Mailing Address 2700 HARRISBURG RD

City State Zip Code
JONESBORO AR 72401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1201.00

Transaction ID : SA17A.125701

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
KYLE PATTISON

Mailing Address 1303 E WEBSTER ST

City State Zip Code
PRAIRIE DU CH WI 53821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PATTISON SAND COMPANY LLC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125703

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 101.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHELE M PATTISON

Mailing Address 1303 E WEBSTER ST

City State Zip Code
PRAIRIE DU CH WI 53821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PATTISON SAND COM OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125705

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MICHELE M PATTISON

Mailing Address 1303 E WEBSTER ST

City State Zip Code
PRAIRIE DU CH WI 53821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PATTISON SAND COM OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125706

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DAVID PATTON

Mailing Address PO BOX 9570

City State Zip Code
AVON CO 81620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INTEGRATED WATER SERVICES, INC. MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125708

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CLIFFORD PAUL

Mailing Address 3401 E MISSION LN

City State Zip Code
PHOENIX AZ 85028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PK ASSOCIATES ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125710

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
CLIFFORD PAUL

Mailing Address 3401 E MISSION LN

City State Zip Code
PHOENIX AZ 85028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PK ASSOCIATES ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Transaction ID : SA17A.125711

Date of Receipt

/ /

Amount of Each Receipt this Period

550.00

C. Full Name (Last, First, Middle Initial)
CLIFFORD PAUL

Mailing Address 3401 E MISSION LN

City State Zip Code
PHOENIX AZ 85028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PK ASSOCIATES ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Transaction ID : SA17A.125712

Date of Receipt

/ /

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional)..... **900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LINDA PAUL

Mailing Address **6717 S YALE AVE STE 107**

City	State	Zip Code
TULSA	OK	74136

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 400.00

Transaction ID : SA17A.81407

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

_____ 200.00

B. Full Name (Last, First, Middle Initial)
LINDA PAUL

Mailing Address **6717 S YALE AVE STE 107**

City	State	Zip Code
TULSA	OK	74136

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17A.125713

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

_____ 200.00

C. Full Name (Last, First, Middle Initial)
WILLIAM PAULEA

Mailing Address **5161 SAN FELIPE SET 320**

City	State	Zip Code
HOUSTON	TX	77056

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.125715

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

_____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1400.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARTHA PAULISSIAN

Mailing Address 3848 WINFORD DR

City	State	Zip Code
TARZANA	CA	91356

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125716

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

B. Full Name (Last, First, Middle Initial)
MARTHA PAULISSIAN

Mailing Address 3848 WINFORD DR

City	State	Zip Code
TARZANA	CA	91356

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125717

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="25.00"/>

C. Full Name (Last, First, Middle Initial)
MARTHA PAULISSIAN

Mailing Address 3848 WINFORD DR

City	State	Zip Code
TARZANA	CA	91356

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125718

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="35.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARTHA PAULISSIAN

Mailing Address **3848 WINFORD DR**

City **TARZANA** State **CA** Zip Code **91356**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
335.00

Transaction ID : SA17A.125719

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	5

Amount of Each Receipt this Period

5	0	0	0	0	0	0	0	0	0
									0

B. Full Name (Last, First, Middle Initial)
MARTHA PAULISSIAN

Mailing Address **3848 WINFORD DR**

City **TARZANA** State **CA** Zip Code **91356**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
385.00

Transaction ID : SA17A.125720

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	5

Amount of Each Receipt this Period

5	0	0	0	0	0	0	0	0	0
									0

C. Full Name (Last, First, Middle Initial)
MARTHA PAULISSIAN

Mailing Address **3848 WINFORD DR**

City **TARZANA** State **CA** Zip Code **91356**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
410.00

Transaction ID : SA17A.125721

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	5

Amount of Each Receipt this Period

2	5	0	0	0	0	0	0	0	0
									0

Subtotal Of Receipts This Page (optional).....▶ **125.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) MARTHA PAULISSIAN		Transaction ID : SA17A.125722	
Mailing Address 3848 WINFORD DR		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2015	
City TARZANA	State CA	Zip Code 91356	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="485.00"/>	
		Amount of Each Receipt this Period <input type="text" value="75.00"/>	

B. Full Name (Last, First, Middle Initial) MARTHA PAULISSIAN		Transaction ID : SA17A.125723	
Mailing Address 3848 WINFORD DR		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2015	
City TARZANA	State CA	Zip Code 91356	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="520.00"/>	
		Amount of Each Receipt this Period <input type="text" value="35.00"/>	

C. Full Name (Last, First, Middle Initial) ALICIA D PAVELSKI		Transaction ID : SA17A.125725	
Mailing Address 4390 DEER ROAD		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2015	
City WISCONSIN DEL	State WI	Zip Code 54494	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <input type="text" value="2500.00"/>	
		Amount of Each Receipt this Period <input type="text" value="2500.00"/>	

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1242 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEREMIE PAVELSKI

Mailing Address 907 3RD AVENUE

City HANCOCK State WI Zip Code 54943

FEC ID number of contributing federal political committee. C

Name of Employer HEARTLAND FARMS, INC. Occupation FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125727

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JEREMIE M PAVELSKI

Mailing Address 4390 DEER ROAD

City WISCONSIN DEL State WI Zip Code 54494

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.125729

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
JOHN PAWULA

Mailing Address 1113 S WALNUT AVE

City ARLINGTON HEIGHTS State IL Zip Code 60005

FEC ID number of contributing federal political committee. C

Name of Employer LA MARCHE MANUFACTURING COMPANY Occupation SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.125730

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Receipt this Period
35.00

Subtotal Of Receipts This Page (optional).....▶ 3035.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN PAWULA

Mailing Address 1113 S WALNUT AVE

City ARLINGTON HEIGHTS State IL Zip Code 60005

FEC ID number of contributing federal political committee. **C**

Name of Employer LA MARCHE MANUFACTURING COMPANY Occupation SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125731

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
BARBARA PEACOCK

Mailing Address 7286 SNOWBERRY LN

City CANAL WINCHES State OH Zip Code 43110

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125732

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DENNY PEARCE

Mailing Address 6605 GESSNER

City HOUSTON State TX Zip Code 77040

FEC ID number of contributing federal political committee. **C**

Name of Employer THE NUR PLACE INC Occupation BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125734

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN PEARSON

Mailing Address 51 PINE ST

City RYE State NH Zip Code 03870

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125736

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JOHN PEARSON

Mailing Address 51 PINE ST

City RYE State NH Zip Code 03870

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.125737

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
JOHN PEARSON

Mailing Address 51 PINE ST

City RYE State NH Zip Code 03870

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Transaction ID : SA17A.125738

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ **375.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN PEARSON

Mailing Address **PO BOX 683**

City **WATERSMEET** State **MI** Zip Code **49969**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125739

Date of Receipt

09 / 10 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
ROBERT PEASE

Mailing Address **954 BAL ISLE DRIVE**

City **FORT MYERS** State **FL** Zip Code **33919**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TRIPLE J MGNT LLC** Occupation **TREASURER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125741

Date of Receipt

08 / 13 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
MARK PECHECK

Mailing Address **14265 GREENLEAF STREET**

City **SHERMAN OAKS** State **CA** Zip Code **91423**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GIBSON, DUNN & CRUTCHER LLP** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.125743

Date of Receipt

06 / 26 / 2015

Amount of Each Receipt this Period

2500.00

Subtotal Of Receipts This Page (optional)..... **3100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN PECK

Mailing Address **PO BOX 829**

City State Zip Code
RANCHO SANTA FE CA 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PECK ENTERPRISES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125745

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
VERA PECK

Mailing Address **PO BOX 829**

City State Zip Code
RANCHO SANTA FE CA 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125747

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DANIEL V PECORA

Mailing Address **5119 SMOKETHORN TRAIL**

City State Zip Code
BELVIDERE IL 61008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.125749

Date of Receipt
M M / D D / Y Y Y Y
08 14 2015

Amount of Each Receipt this Period
1500.00

Subtotal Of Receipts This Page (optional)..... **6900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANA PELAN

Mailing Address 1891 SAND CREEK. DR

City State Zip Code
PROSPER TX 75078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BED BATH AND BEYOND REGIONAL VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125751

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JILL PELISEK

Mailing Address 7615 N RIVER ROAD

City State Zip Code
RIVER HILLS WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125753

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
THEODORE PELLA

Mailing Address 4485 BRITTANY DR

City State Zip Code
REDDING CA 96002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TED PELLA INC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125754

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

150.00

Subtotal Of Receipts This Page (optional).....▶ 900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES PELURA

Mailing Address 3725 TANGLEWOOD LN

City State Zip Code
DAVIDSONVILLE MD 21035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED VETERINARIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125756

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
NANCY PENCE

Mailing Address 43959 FENNER AVENUE

City State Zip Code
LANCASTER CA 93536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REMAX REALTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.125758

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
220.00

C. Full Name (Last, First, Middle Initial)
DIANE PENDLETON

Mailing Address PO BOX 2717

City State Zip Code
PONTE VEDRA B FL 32004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.125759

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 720.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JUDITH A PENGRA

Mailing Address **N1549 WILDWOOD RD**

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125761

Date of Receipt

07 / 16 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
ROBERT PENNINGTON

Mailing Address **9 RED COAT PASS**

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.125763

Date of Receipt

07 / 31 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period

10800.00

C. Full Name (Last, First, Middle Initial)
ROBERT PENNINGTON

Mailing Address **9 RED COAT PASS**

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.125764

Date of Receipt

07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **11300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT PENNINGTON

Mailing Address 9 RED COAT PASS

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125765

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JIM PERKINS

Mailing Address 3 SOMERVILLE COURT

City State Zip Code
SAN ANTONIO TX 78257

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125767

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
LA VONNE PERKINS

Mailing Address 7600 W RIVERSIDE DR

City State Zip Code
CASPER WY 82604

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ADVANCED HEATING & PLUM DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125769

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUZANNE PERKINS

Mailing Address 1106 COAST VILLAGE RD., SUITE C

City	State	Zip Code
SANTA BARBARA	CA	93108

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125771

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
GARY PERLOW

Mailing Address 9926 CLEARFIELD AVE

City	State	Zip Code
VIENNA	VA	22181

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125773

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			24			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
SHIRLEY A PERNOT

Mailing Address N7534 TROW RD

City	State	Zip Code
BROOKLYN	WI	53521

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
UNIVERSITY OF WISCONSIN MEDI	PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125775

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			22			2015			

Amount of Each Receipt this Period

<input type="text" value="225.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RON PERRI

Mailing Address 9653 GULF SHORE DR

City	State	Zip Code
NAPLES	FL	34108

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125777

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
DALE PERRY

Mailing Address PO BOX 5923

City	State	Zip Code
GAINESVILLE	GA	30504

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125779

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
DALE PERRY

Mailing Address PO BOX 5923

City	State	Zip Code
GAINESVILLE	GA	30504

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125780

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="210.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JACK PERRY

Mailing Address 962 WHITE BEAR ROAD

City State Zip Code
BIRDSBORO PA 19508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125782

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
RANDALL PERRY

Mailing Address 4554 W WOOLWORTH AVE

City State Zip Code
MILWAUKEE WI 53218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CLOVER CREEK PARTNERS, LLC BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125784

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DOUGLAS PERSICH

Mailing Address N68W13430 WILD ROSE COURT

City State Zip Code
MENOMONEE FALLS WI 53051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125786

Date of Receipt

/ /

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILSON PERSINGER

Mailing Address 905 QUAIL HOLLOW CIRCLE

City	State	Zip Code
DAKOTA DUNES	SD	57049

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WILSON TRAILER COMPANY	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125788

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		14		2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ALFRED PERSSON

Mailing Address 35099 STATE HWY 74 #F3

City	State	Zip Code
HEMET	CA	92545

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CAB CHRISTIAN INC	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125790

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		14		2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ALAN D PETELINSEK

Mailing Address W342N5150 ROAD P

City	State	Zip Code
OKAUCHEE	WI	53069

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125792

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		14		2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID PETERS

Mailing Address 2970A 28TH ST

City State Zip Code
BIRCHWOOD WI 54817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAKEPLACE.COM REALTOR/BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
202.00

Transaction ID : SA17A.125793

Date of Receipt

M M / D D / Y Y Y Y
09 / 16 / 2015

Amount of Each Receipt this Period

2.00

B. Full Name (Last, First, Middle Initial)
CHARLES PETERSEN

Mailing Address 2556 HEMMI ROAD

City State Zip Code
BELLINGHAM WA 98226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125794

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
CHARLES PETERSEN

Mailing Address 2556 HEMMI ROAD

City State Zip Code
BELLINGHAM WA 98226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125795

Date of Receipt

M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional).....▶ 102.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES PETERSEN

Mailing Address **2556 HEMMI ROAD**

City **BELLINGHAM** State **WA** Zip Code **98226**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.125796

Date of Receipt
MM / DD / YYYY
09 / 04 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
ALAN E PETERSON

Mailing Address **646 PLUMTREE RD**

City **GLEN ELLYN** State **IL** Zip Code **60137**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125798

Date of Receipt
MM / DD / YYYY
08 / 25 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BRUCE PETERSON

Mailing Address **2633 W LAKE PARK COURT**

City **MEQUON** State **WI** Zip Code **53092**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.125800

Date of Receipt
MM / DD / YYYY
07 / 16 / 2015

Amount of Each Receipt this Period
220.00

Subtotal Of Receipts This Page (optional)..... **820.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES PETERSON

Mailing Address **PO BOX 73**

City State Zip Code
LODI WI 53555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125808

Date of Receipt
M M / D D / Y Y Y Y
08 05 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN PETERSON

Mailing Address **4442 VEREDA LUNA LLE**

City State Zip Code
SAN DIEGO CA 92130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245.00

Transaction ID : SA17A.125809

Date of Receipt
M M / D D / Y Y Y Y
08 06 2015

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
JOHN PETERSON

Mailing Address **4442 VEREDA LUNA LLE**

City State Zip Code
SAN DIEGO CA 92130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
270.00

Transaction ID : SA17A.125810

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional)..... **575.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN PETERSON

Mailing Address 4442 VEREDA LUNA LLE

City State Zip Code
SAN DIEGO CA 92130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
320.00

Transaction ID : SA17A.125811

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
JULIE PETERSON

Mailing Address 3104 164TH AVE SE

City State Zip Code
HARWOOD ND 58042

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PETERSON FARMS SEED BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125813

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
JANET L PETIT

Mailing Address 1650 COX RD

City State Zip Code
ROSWELL GA 30075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.125815

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
10800.00

Subtotal Of Receipts This Page (optional).....▶ **13550.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANET L PETIT

Mailing Address 1650 COX RD

City State Zip Code
ROSWELL GA 30075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125816

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JANET L PETIT

Mailing Address 1650 COX RD

City State Zip Code
ROSWELL GA 30075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125817

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JANET L PETIT

Mailing Address 1650 COX RD

City State Zip Code
ROSWELL GA 30075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125818

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PARKER H PETIT

Mailing Address 1650 COX RD

City	State	Zip Code
ROSWELL	GA	30075

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MIMEDX GROUP, INC.	C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Transaction ID : SA17A.125820

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

REATTRIBUTED; SEE REDESIGNATION

Amount of Each Receipt this Period
 5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PARKER H PETIT

Mailing Address 1650 COX RD

City	State	Zip Code
ROSWELL	GA	30075

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MIMEDX GROUP, INC.	C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.125821

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

SEE REDESIGNATION

Amount of Each Receipt this Period
 -2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
PARKER H PETIT

Mailing Address 1650 COX RD

City	State	Zip Code
ROSWELL	GA	30075

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MIMEDX GROUP, INC.	C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Transaction ID : SA17A.125822

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

REDESIGNATED

Amount of Each Receipt this Period
 2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALYSSA PETRIE

Mailing Address 5045 16TH AVE NE

City	State	Zip Code
SEATTLE	WA	98105

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.125824

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
GARY PETTY

Mailing Address 5457 ASHLEIGH RD

City	State	Zip Code
FAIRFAX	VA	22030

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NATIONAL PRIVATE TRUCK	PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 203.00

Transaction ID : SA17A.125826

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	5

Amount of Each Receipt this Period

203.00

C. Full Name (Last, First, Middle Initial)
MARY J PFEIL

Mailing Address 571 W LAKE DR

City	State	Zip Code
NAPLES	FL	34102

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Transaction ID : SA17A.125828

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

Subtotal Of Receipts This Page (optional).....▶ **8303.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARY J PFEIL

Mailing Address 571 W LAKE DR

City State Zip Code
NAPLES FL 34102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125829

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICHARD B PFEIL

Mailing Address 571 W LAKE DR

City State Zip Code
NAPLES FL 34102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125831

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SARAH J PFILE

Mailing Address N519 ROBINHOOD DR

City State Zip Code
SHERWOOD WI 54169

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PFILE HOMES BUILDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125833

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD PFISTER

Mailing Address **10320 NURSERY RD
L**

City **HAYWARD** State **WI** Zip Code **54843**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MIDWEST STIHL INC** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125835

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
LISA PHILBROOK

Mailing Address **807 CIRCLE DR**

City **BELLAIRE** State **TX** Zip Code **77401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GREATER HOUSTON ANESTHESIOLOGY** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125836

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
CAROL PHILLIPS

Mailing Address **6020 STEFANIE WAY**

City **CALEDONIA** State **WI** Zip Code **53108**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128679

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **2750.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY PHILLIPS

Mailing Address 32683 GREENWELL SPRINGS ROAD

City	State	Zip Code
GREENWELL SPRINGS	LA	70739

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACOUSTICAL SPECIALTIES SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125837

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
G NEIL PHILLIPS

Mailing Address PO BOX 90700

City	State	Zip Code
ATLANTA	GA	30364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125839

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
G NEIL PHILLIPS

Mailing Address PO BOX 90700

City	State	Zip Code
ATLANTA	GA	30364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.125840

Date of Receipt
M M / D D / Y Y Y Y
09 / 17 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN PHILLIPS

Mailing Address **235 SWEET SPRINGS RO
G**

City **GLENMORE** State **PA** Zip Code **00000**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125842

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
PENELOPE PHILLIPS

Mailing Address **504 N. 88 ROAD**

City **CARMICHAELS** State **PA** Zip Code **15320**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17A.125843

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period
85.00

C. Full Name (Last, First, Middle Initial)
THOMAS PHILLIPS

Mailing Address **6020 STEFANIE WAY**

City **CALEDONIA** State **WI** Zip Code **53108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **N/A** Occupation **N/A**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125845

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional)..... **5985.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS PHILLIPS

Mailing Address **6020 STEFANIE WAY**

City State Zip Code
CALEDONIA WI 53108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128677

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
PEGGY PICHELMAN

Mailing Address **2920 CASCO POINT ROAD**

City State Zip Code
WAYZATA MN 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125847

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
SCOTT PIEPENBURG

Mailing Address **3443 FARMERS WAY**

City State Zip Code
VALDOSTA GA 31605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VALDOSTA STATE U LIBRARIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125849

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1500.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) ROGER PILC		Transaction ID : SA17A.125856
Mailing Address 53 WINTHROP DRIVE		Date of Receipt
City RIVERSIDE State CT Zip Code 06878		<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2700.00"/>
Name of Employer PITNEY BOWES	Occupation TECHNOLOGY BUSINESS EXECUTIVE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>	

B. Full Name (Last, First, Middle Initial) MICHAEL PILLSBURY		Transaction ID : SA17A.125858
Mailing Address 3017 O ST NW		Date of Receipt
City WASHINGTON State DC Zip Code 20007		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2700.00"/>
Name of Employer SELF-EMPLOYED	Occupation POLITICAL SCIENCE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>	

C. Full Name (Last, First, Middle Initial) RITA PINCSAK		Transaction ID : SA17A.125860
Mailing Address 2685 NORMAN DRIVE		Date of Receipt
City BROOKFIELD State Zip Code 53045		<input type="text" value="07"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="250.00"/>	

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLENE PINEDA

Mailing Address 1145 PARKSTONE DR

City State Zip Code
DRAPER UT 84020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INSURANCE SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125862

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

2	5	0	.	0	0
---	---	---	---	---	---

B. Full Name (Last, First, Middle Initial)
FRED PINGLE

Mailing Address 112 S BELLEMONT RD

City State Zip Code
BLOOMINGTON IL 61701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
410.00

Transaction ID : SA17A.125863

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

2	1	0	.	0	0
---	---	---	---	---	---

C. Full Name (Last, First, Middle Initial)
FRED PINGLE

Mailing Address 112 S BELLEMONT RD

City State Zip Code
BLOOMINGTON IL 61701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
610.00

Transaction ID : SA17A.125864

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

Amount of Each Receipt this Period

2	0	0	.	0	0
---	---	---	---	---	---

Subtotal Of Receipts This Page (optional).....▶

6	6	0	.	0	0
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Total This Period (last page this line number only).....▶

6	6	0	.	0	0
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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANICE PINKSTON

Mailing Address **20 TAMALPAIS AVE**

City **BELVEDERE** State **CA** Zip Code **94920**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MERIDIAN PACIFIC LTD** Occupation **COMMERCIAL REAL ESTATE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125866

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DONALD PINS

Mailing Address **19 W 127 AVENUE LATOUR**

City **OAK BROOK** State **IL** Zip Code **60523**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125868

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DONALD PINS

Mailing Address **19 W 127 AVENUE LATOUR**

City **OAK BROOK** State **IL** Zip Code **60523**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125869

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN PISTORINO

Mailing Address 6535 SW 123 ST

City State Zip Code
PINECREST FL 33156

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PISTORINO AND ALAM ENGINEERS PROFESSIONAL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125870

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial)
GENE PITTS

Mailing Address 16490 SW TAFT CT

City State Zip Code
BEAVERTON OR 97007

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125872

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
WILLIAM PITTS

Mailing Address 116 ORCHARD LN

City State Zip Code
CENTERVILLE GA 31028

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125874

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			28			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRISTIN H PITZER

Mailing Address **5804 REDWOOD COURT**

City State Zip Code
DALLAS TX 75209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125876

Date of Receipt
M M / D D / Y Y Y Y
08 14 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
CHRISTIN H PITZER

Mailing Address **5804 REDWOOD COURT**

City State Zip Code
DALLAS TX 75209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125877

Date of Receipt
M M / D D / Y Y Y Y
08 14 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
STARR L PITZER

Mailing Address **5804 REDWOOD COURT**

City State Zip Code
DALLAS TX 75209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125879

Date of Receipt
M M / D D / Y Y Y Y
08 14 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN PLACE

Mailing Address **34 POND LN**

City	State	Zip Code
BRYN MAWR	PA	19010

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.125881

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
RAYMOND PLANK

Mailing Address **21 APACHE RD**

City	State	Zip Code
CLEARMONT	WY	82835

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125883

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
THOMAS PLANK

Mailing Address **1629 BINGHAM DR**

City	State	Zip Code
KNOXVILLE	TN	37922

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
UNIVERSITY OF TENNESSEE COLLEGE OF LAW	LAW PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125885

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **3950.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL PLAYER

Mailing Address 5007 VERNON SPRINGS

City	State	Zip Code
DUNWOODY	GA	30338

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125892

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
WAYNE PLAZA

Mailing Address 7515 PELICAN BAY BLV

City	State	Zip Code
NAPLES	FL	34108

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125894

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
D. D PLOCHER

Mailing Address PO BOX 16065

City	State	Zip Code
CLAYTON	MO	63105

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation ATTORNEY
-----------------------------------	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125896

Date of Receipt
M M / D D / Y Y Y Y

SEE REATTRIBUTION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
D. D PLOCHER

Mailing Address **PO BOX 16065**

City State Zip Code
CLAYTON MO 63105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125897

Date of Receipt
M M / D D / Y Y Y Y
07 29 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JIM PLOUFFE

Mailing Address **PO BOX 358**

City State Zip Code
SAINT IGNACE MI 49781

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125899

Date of Receipt
M M / D D / Y Y Y Y
07 20 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHARLES PLUMMER

Mailing Address **3045 PARKDALE CT**

City State Zip Code
EDGEWOOD KY 41017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.125901

Date of Receipt
M M / D D / Y Y Y Y
08 07 2015

Amount of Each Receipt this Period
203.00

Subtotal Of Receipts This Page (optional)..... **703.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
R. J PLUMMER

Mailing Address **7348 KINDLEWOOD DR**

City **EDWARDSVILLE** State **IL** Zip Code **62025**

FEC ID number of contributing federal political committee. **C**

Name of Employer **R. P. LUMBER** Occupation **VP**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125903

Date of Receipt
 M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROBERT L PLUMMER

Mailing Address **514 E VANDALIA ST**

City **EDWARDSVILLE** State **IL** Zip Code **62025**

FEC ID number of contributing federal political committee. **C**

Name of Employer **R.P. LUMBER** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125905

Date of Receipt
 M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ISABELLE POCHOWSKI

Mailing Address **5821 S 19TH CT**

City **MILWAUKEE** State **WI** Zip Code **53221**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125907

Date of Receipt
 M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL POCK

Mailing Address 86 GRAND ST

City	State	Zip Code
SOUTH PORTLAN	ME	04106

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
POCK CARPENTRY LLC	CARPENTER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125908

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			04			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
FRANCIS PODBIELSKI

Mailing Address 212 MAPLEWOOD ROAD

City	State	Zip Code
RIVERSIDE	IL	60546

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125910

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JEFFREY E PODJASEK

Mailing Address 2299 TIMOTHY DRIVE

City	State	Zip Code
GLENVIEW	IL	60026

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
A&J YOGURT LLC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.129126

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEPHEN T PODJASEK

Mailing Address 1701 PRIMROSE LANE

City GLENVIEW State IL Zip Code 60026

FEC ID number of contributing federal political committee.

Name of Employer GLENVIEW HOUSE Occupation OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.129122

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MARGARET J PODVIN

Mailing Address 2811 12TH STREET SOUTH

City WISCONSIN RAP State WI Zip Code 54494

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125912

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
TERRY A POE

Mailing Address PO BOX 2170

City TUCCA VALLEY State CA Zip Code 92286

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125914

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TERRY A POE

Mailing Address **PO BOX 2170**

City State Zip Code
TUCCA VALLEY CA 92286

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.125915

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
JEFFREY K POET

Mailing Address **1425 TURNBERRY COURT**

City State Zip Code
YORK PA 17403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125917

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DAVID POGGEMEIER

Mailing Address **4 HUNTINGTON FOREST**

City State Zip Code
ST. CHARLES MO 63301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED DOCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125919

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **1050.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BLAIR POGUE

Mailing Address 8372 GARLAND ROAD

City	State	Zip Code
DALLAS	TX	75218

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.125921

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			18			2015			

Amount of Each Receipt this Period
 _____ 2700.00

B. Full Name (Last, First, Middle Initial)
DONALD POINSETTE

Mailing Address 59 BRIDGETOWN RD

City	State	Zip Code
HILTON HEAD I	SC	29928

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.125923

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			14			2015			

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
JANE POIRIER

Mailing Address 3108 RIB MT WAY

City	State	Zip Code
WAUSAU	WI	54401

FEC ID number of contributing federal political committee. **C**

Name of Employer UMR	Occupation CASE MANAGER
-------------------------	----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.125925

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3450.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LARRY POLHILL

Mailing Address **PO BOX 742**

City State Zip Code
COLTON CA 92324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED COMMERCIAL FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125927

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DONALD POLICKY

Mailing Address **PO BOX 1378**

City State Zip Code
RAPID CITY SD 57709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125929

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DONNA POLING

Mailing Address **117 HARDEMAN STREET**

City State Zip Code
COPPERAS COVE TX 76522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Transaction ID : SA17A.125930

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **3050.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONNA POLING

Transaction ID : SA17A.125931

Mailing Address 117 HARDEMAN STREET

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

City State Zip Code
COPPERAS COVE TX 76522

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

									45.00

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

									305.00

B. Full Name (Last, First, Middle Initial)
DONNA POLING

Transaction ID : SA17A.125932

Mailing Address 117 HARDEMAN STREET

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			31			2015			

City State Zip Code
COPPERAS COVE TX 76522

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

									60.00

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

									365.00

C. Full Name (Last, First, Middle Initial)
DONNA POLING

Transaction ID : SA17A.125933

Mailing Address 117 HARDEMAN STREET

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2015			

City State Zip Code
COPPERAS COVE TX 76522

FEC ID number of contributing federal political committee. **C**

Amount of Each Receipt this Period

									40.00

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

									405.00

Subtotal Of Receipts This Page (optional).....▶

									145.00
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Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONNA POLING

Mailing Address **117 HARDEMAN STREET**

City State Zip Code
COPPERAS COVE TX 76522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
430.00

Transaction ID : SA17A.125934

Date of Receipt
M M / D D / Y Y Y Y
09 / 25 / 2015

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
HARVEY POLLACK

Mailing Address **9855 W. HAWTHORNE RD**

City State Zip Code
MEQUON WI 53097

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAND TITLE SERVICES INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125936

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
HARVEY POLLACK

Mailing Address **9855 W. HAWTHORNE RD**

City State Zip Code
MEQUON WI 53097

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAND TITLE SERVICES INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.125937

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional)..... **375.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HARVEY POLLACK

Mailing Address **9855 W. HAWTHORNE RD**

City	State	Zip Code
MEQUON	WI	53097

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LAND TITLE SERVICES INC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.125938

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MATT POLLACK

Mailing Address **1549 STRATFORD ROAD**

City	State	Zip Code
DEERFIELD	IL	60015

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RED ROCK CUSTOM HOMES	BUILDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125940

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

SEE REDESIGNATION
Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
MATT POLLACK

Mailing Address **1549 STRATFORD ROAD**

City	State	Zip Code
DEERFIELD	IL	60015

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RED ROCK CUSTOM HOMES	BUILDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128819

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

SEE REDESIGNATION
Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5650.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MATT POLLACK

Mailing Address 1549 STRATFORD ROAD

City	State	Zip Code
DEERFIELD	IL	60015

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RED ROCK CUSTOM HOMES	BUILDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2016 2017 2018 2019 2020 2021
 5400.00

Transaction ID : SA17A.128820

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2015			

REDESIGNATED

Amount of Each Receipt this Period
 0.00 100.00 200.00 300.00 400.00 500.00 600.00 700.00 800.00 900.00 1000.00
 2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CHARLES W POLLARD

Mailing Address 1116 STODDARD AVE

City	State	Zip Code
WHEATON	IL	60187

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FAIRWYN INVSTEMENTS	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2016 2017 2018 2019 2020 2021
 5400.00

Transaction ID : SA17A.125942

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2015			

SEE REDESIGNATION

Amount of Each Receipt this Period
 0.00 100.00 200.00 300.00 400.00 500.00 600.00 700.00 800.00 900.00 1000.00
 5400.00

C. Full Name (Last, First, Middle Initial)
CHARLES W POLLARD

Mailing Address 1116 STODDARD AVE

City	State	Zip Code
WHEATON	IL	60187

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FAIRWYN INVSTEMENTS	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2016 2017 2018 2019 2020 2021
 2700.00

Transaction ID : SA17A.125943

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2015			

SEE REDESIGNATION

Amount of Each Receipt this Period
 0.00 100.00 200.00 300.00 400.00 500.00 600.00 700.00 800.00 900.00 1000.00
 -2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00 100.00 200.00 300.00 400.00 500.00 600.00 700.00 800.00 900.00 1000.00
5400.00

Total This Period (last page this line number only).....▶ 0.00 100.00 200.00 300.00 400.00 500.00 600.00 700.00 800.00 900.00 1000.00

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES W POLLARD

Mailing Address 1116 STODDARD AVE

City State Zip Code
WHEATON IL 60187

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FAIRWYN INVSTEMENTS EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125944

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DICK POLLARD

Mailing Address PO BOX 1978

City State Zip Code
LUBBOCK TX 79408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125945

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
RICHARD POLLOCK

Mailing Address P.O. BOX 20404

City State Zip Code
ST. SIMONS ISLAND GA 31522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EMORY UNIVERSITY ACADEMICIAN AND AUTHOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
605.00

Transaction ID : SA17A.125946

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
505.00

Subtotal Of Receipts This Page (optional).....▶ 805.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD POLLOCK

Mailing Address **P.O. BOX 20404**

City	State	Zip Code
ST. SIMONS ISLAND	GA	31522

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
EMORY UNIVERSITY	ACADEMICIAN AND AUTHOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
705.00

Transaction ID : SA17A.125947

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
ALBERT POLMONARI

Mailing Address **16 BALDWIN RD**

City	State	Zip Code
WESTFORD	MA	01886

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ASTRON, INC.	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125949

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DONALD POMPLIANO

Mailing Address **14320 E KALIL DR**

City	State	Zip Code
SCOTTSDALE	AZ	85259

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.125951

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **850.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN POPE

Mailing Address 49 PACES WEST DR

City ATLANTA State GA Zip Code 30327

FEC ID number of contributing federal political committee. **C**

Name of Employer PROGRAPHICS COMMUNICATIONS Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125953

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WILLIAM POPE

Mailing Address 540 W SMUGGLER STREET

City ASPEN State CO Zip Code 81611

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125955

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
JAMES B PORTER

Mailing Address PO BOX 1127

City CHADDS FORD State PA Zip Code 19317

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125956

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 3050.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD W PORTER

Mailing Address **875 BRYANT AVE**

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIRKLAND & ELLIS, LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125958

Date of Receipt
M M / D D / Y Y Y Y
06 22 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
RICHARD W PORTER

Mailing Address **875 BRYANT AVE**

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIRKLAND & ELLIS, LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125959

Date of Receipt
M M / D D / Y Y Y Y
06 22 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RICHARD W PORTER

Mailing Address **875 BRYANT AVE**

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIRKLAND & ELLIS, LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.125960

Date of Receipt
M M / D D / Y Y Y Y
08 25 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD W PORTER

Mailing Address **875 BRYANT AVE**

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KIRKLAND & ELLIS, LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.125961

Date of Receipt
M M / D D / Y Y Y Y
08 25 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICHARD PORTILLO

Mailing Address **18 W140 BUTTERFIELD ROA**

City State Zip Code
OAKBROOK TERR IL 60181

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PORTILLO RESTAURANT GROUP OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.125963

Date of Receipt
M M / D D / Y Y Y Y
09 08 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
RICHARD PORTILLO

Mailing Address **18 W140 BUTTERFIELD ROA**

City State Zip Code
OAKBROOK TERR IL 60181

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PORTILLO RESTAURANT GROUP OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125964

Date of Receipt
M M / D D / Y Y Y Y
09 08 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHARON PORTILLO

Mailing Address 18W140 BUTTERFIELD ROAD

City State Zip Code
OAKBROOK TERR IL 60181

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125966

Date of Receipt
M M / D D / Y Y Y Y
09 08 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
WILLA J PORTMAN

Mailing Address N3598 HIGHLAND RD

City State Zip Code
ANTIGO WI 54409

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125968

Date of Receipt
M M / D D / Y Y Y Y
06 29 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JIM POSTON

Mailing Address 4251 E. NATIONAL CEMETERY RD.

City State Zip Code
FLORENCE SC 29506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RESTAURANT OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125970

Date of Receipt
M M / D D / Y Y Y Y
06 23 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID POTGETER

Mailing Address 190 92ND ST SE

City State Zip Code
BYRON CENTER MI 49315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ETNA SUPPLY CO VP SALES/PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125972

Date of Receipt

M M / D D / Y Y Y Y
06 / 23 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
HERMAN POTTRATZ

Mailing Address N3723 CLEVELAND AVE

City State Zip Code
MARINETTE WI 54143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.125974

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
CHARLES POWELL

Mailing Address 43960 STATE HWY 225

City State Zip Code
BAY MINETTE AL 36507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AT&T FACILITIES TECHNICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125976

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 3250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRISTINE POWELL-MILLAR

Mailing Address 912 VESSONA CIRCLE

City FOLSOM State CA Zip Code 95630

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125978

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DARCY POWERS

Mailing Address 350 S. NORTHWEST HIGHWAY SUITE 300

City PARK RIDGE State IL Zip Code 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128855

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JOHN POWERS

Mailing Address 350 S. NORTHWEST HIGHWAY SUITE 300

City PARK RIDGE State IL Zip Code 60068

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.125980

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5390.00

Subtotal Of Receipts This Page (optional).....▶ **5890.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN POWERS

Mailing Address 350 S. NORTHWEST HIGHWAY SUITE 300

City	State	Zip Code
PARK RIDGE	IL	60068

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2690.00

Transaction ID : SA17A.128853

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period
 _____ -2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LUE POWERS

Mailing Address 410 S. BC AVE.

City	State	Zip Code
LYNDEN	WA	98264

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.125982

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2015			

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
LUE POWERS

Mailing Address 410 S. BC AVE.

City	State	Zip Code
LYNDEN	WA	98264

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Transaction ID : SA17A.125983

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LUE POWERS

Mailing Address 410 S. BC AVE.

City LYNDEN State WA Zip Code 98264

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.125984

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
TAMMY POWERS

Mailing Address 346 GREATON RD

City NEW RICHMOND State WI Zip Code 54017

FEC ID number of contributing federal political committee. **C**

Name of Employer DAREN J POWERS CPA Occupation OFFICE MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.125985

Date of Receipt

M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period

103.00

C. Full Name (Last, First, Middle Initial)
VIANN POWERS

Mailing Address 10805 DECKER CIRCLE

City RYE State CO Zip Code 81069

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.125986

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2015

Amount of Each Receipt this Period

300.00

Subtotal Of Receipts This Page (optional).....▶ 503.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES PRATT

Mailing Address **PO BOX 289**

City **WINNETKA** State **IL** Zip Code **60093**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125992

Date of Receipt

07 / 20 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
PATRICIA PRATT

Mailing Address **6355 W DLD RD**

City **JUNIATA** State **NE** Zip Code **68955**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **FARMING**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
255.00

Transaction ID : SA17A.125993

Date of Receipt

09 / 16 / 2015

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
DONALD F PREHN

Mailing Address **1111 MCINDOE STREET**

City **WAUSAU** State **WI** Zip Code **54403**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.125995

Date of Receipt

08 / 12 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **650.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRED PREHN

Mailing Address 413 JEFFERSON STREET

City State Zip Code
WAUSAU WI 54403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1286.25

Transaction ID : SA17A.125996

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

IN-KIND: CATERING SERVICES

Amount of Each Receipt this Period
1286.25

B. Full Name (Last, First, Middle Initial)
LINDA PREHN

Mailing Address 413 JEFFERSON STREET

City State Zip Code
WAUSAU WI 54403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1286.25

Transaction ID : SA17A.125997

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

IN-KIND: CATERING SERVICES

Amount of Each Receipt this Period
1286.25

C. Full Name (Last, First, Middle Initial)
LINDA PREHN

Mailing Address 413 JEFFERSON STREET

City State Zip Code
WAUSAU WI 54403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.125998

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
1413.75

Subtotal Of Receipts This Page (optional).....▶ 3986.25

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HOMER PRESSLEY

Mailing Address 126 HUNINGTON CHASE DRIVE

City	State	Zip Code
MADISON	AL	35758

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126000

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
DAVID PRETASKY

Mailing Address 220 17TH ST S

City	State	Zip Code
LA CROSSE	WI	54601

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126002

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
STEVEN PRICE

Mailing Address 810 SEVENTH AVENUE, 7TH FLOOR

City	State	Zip Code
NEW YORK	NY	10019

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
TOWNSQUARE MEDIA	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126004

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="5400.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEVEN PRICE

Mailing Address **810 SEVENTH AVENUE, 7TH FLOOR**

City State Zip Code
NEW YORK NY 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TOWNSQUARE MEDIA CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128760

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TINA PRICE

Mailing Address **810 SEVENTH AVENUE, 7TH FLOOR**

City State Zip Code
NEW YORK NY 10019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128762

Date of Receipt
M M / D D / Y Y Y Y
06 30 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MIGUEL PRIETTO

Mailing Address **1462 FOOTHILL BLVD**

City State Zip Code
SANTA ANA CA 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.126006

Date of Receipt
M M / D D / Y Y Y Y
08 18 2015

Amount of Each Receipt this Period
203.00

Subtotal Of Receipts This Page (optional).....▶ **203.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LOLLY H PRINCE

Mailing Address **42 WOODSIDE DR**

City **GREENWICH** State **CT** Zip Code **06830**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126008

Date of Receipt

07 / **31** / **2015**

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
GARY PRITCHARD

Mailing Address **51A PECK AVE**

City **RYE** State **NY** Zip Code **10580**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VERIZON COMMUNICATIONS** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.126009

Date of Receipt

09 / **21** / **2015**

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
EDWARD PROBST

Mailing Address **9216 RIDGE BLVD**

City **WAUWATOSA** State **WI** Zip Code **53226**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126011

Date of Receipt

07 / **10** / **2015**

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

Subtotal Of Receipts This Page (optional)..... **6500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWARD PROBST

Mailing Address 9216 RIDGE BLVD

City State Zip Code
WAUWATOSA WI 53226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128821

Date of Receipt
M M / D D / Y Y Y Y
07 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NAZARO PROPATI

Mailing Address 1703 ST. ANDREW DRIVE

City State Zip Code
VERNON HILLS IL 60061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126013

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROBERT PUCKETT

Mailing Address 7640 N 175TH AVE

City State Zip Code
WADDELL AZ 85355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KENNAMETAL, INC SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126015

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROLAND PUGH

Mailing Address **400 MCFARLAND BOUELVARD**
S

City **NORTHPORT** State **AL** Zip Code **35476**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.126017

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
700.00

B. Full Name (Last, First, Middle Initial)
GREGORY PULIDO

Mailing Address **901 WEST 9TH STREET #60**

City **AUSTIN** State **TX** Zip Code **78703**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HUMCO** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126019

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DONALD PULVER

Mailing Address **1 FAYETTE STREET**
S

City **CONSHOHOCKEN** State **PA** Zip Code **19428**

FEC ID number of contributing federal political committee. **C**

Name of Employer **OLIVER TYRONE PULVER CORPORATION** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126021

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **4400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL PUM

Mailing Address 2149 S. 116TH STREET

City State Zip Code
WEST ALLIS WI 53227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126023

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHRISTI PUTZ

Mailing Address 4682 N. VILLA RIDGE WAY

City State Zip Code
BOISE ID 83703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17A.126024

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
35.00

C. Full Name (Last, First, Middle Initial)
BRIAN PUTZKE

Mailing Address 5295 TRUMAN PACETTI

City State Zip Code
SAINT AUGUSTI FL 32092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MOMENTUM TRANSPORTATION USA, INC. PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126026

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 785.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRIAN PUTZKE

Mailing Address 5295 TRUMAN PACETTI

City State Zip Code
SAINT AUGUSTI FL 32092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MOMENTUM TRANSPORTATION USA, INC. PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.126027

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRIAN PUTZKE

Mailing Address 5295 TRUMAN PACETTI

City State Zip Code
SAINT AUGUSTI FL 32092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MOMENTUM TRANSPORTATION USA, INC. PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126028

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ANDREW PUZDER

Mailing Address 570 MEADOW WOOD LANE

City State Zip Code
MONTECITO CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126030

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 6150.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANDREW PUZDER

Mailing Address 570 MEADOW WOOD LANE

City State Zip Code
MONTECITO CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128771

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DEANNA PUZDER

Mailing Address 570 MEADOW WOOD LANE

City State Zip Code
MONTECITO CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128773

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DAVID PYOTT

Mailing Address PO BOX 50520

City State Zip Code
IRVINE CA 92619

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.126032

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
2500.00

Subtotal Of Receipts This Page (optional).....▶ 2500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BARRY QUART

Mailing Address 1350 E FLAMINGO RD #349

City State Zip Code
LAS VEGAS NV 89119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HERON THERAPEUTICS RESEARCH

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126034

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LINDA QUASEBARTH

Mailing Address 1404 OXFORD AVE

City State Zip Code
AUSTIN TX 78704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126036

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DOUGLAS QUICK

Mailing Address 3616 WILDWOOD DRIVE

City State Zip Code
MANITOWOC WI 54220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAKESIDE FOODS MANITOWOC, WI CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126038

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 2000.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN B QUINLAN

Mailing Address **86 ORION RD**

City	State	Zip Code
BERKELEY HEIG	NJ	07922

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126040

Date of Receipt

M M / D D / Y Y Y Y
06 / 28 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JAMES QUINN

Mailing Address **369 BELVEDERE STREET**

City	State	Zip Code
LA JOLLA	CA	92037

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AMERICAN PROPERTY ENTERPRISES	CEO/PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126042

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
STEVE QUINN

Mailing Address **369 BELVEDERE STREET**

City	State	Zip Code
LA JOLLA	CA	92037

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
AMERICAN PROPERTY ENTERPRISES	CEO/PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126044

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **2250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARGO QUINN-ALBE

Mailing Address 4149 BOULDER RDG

City State Zip Code
WAUSAU WI 54401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126046

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RUSSELL RABITO

Mailing Address 510 UNDERHILL RD

City State Zip Code
SCARSDALE NY 10583

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UBS MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126048

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
LON RABY

Mailing Address 11 LEDGE VIEW DR SE

City State Zip Code
HUNTSVILLE AL 35802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DERMATOLOGY ASSOCIATES PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126050

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KATHRYN M RADFORD

Mailing Address 8379 SAUBY RD

City	State	Zip Code
LARSEN	WI	54947

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126052

Date of Receipt

M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
JONATHAN RADKE

Mailing Address 136 SKYLINE DRIVE

City	State	Zip Code
CARPENTERSVILLE	IL	60110

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ANCHOR MECHANICAL, INC.	PROJECT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126054

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
LOIS A RADKE

Mailing Address 13546 W FOUNTAIN CT

City	State	Zip Code
NEW BERLIN	WI	53151

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126056

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRISTOP L RAFFERTY

Mailing Address 2130 WINGFIELD ROAD

City State Zip Code
CHARLOTTESVIL VA 22901

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126058

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JOHN RAGLAND

Mailing Address 12897 CAMINITO DE LAS OLAS

City State Zip Code
DEL MAR CA 92014

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126060

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
BOBBY RAINES

Mailing Address 154 SAINT ANDREWS DR

City State Zip Code
JACKSON MS 39211

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126061

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BOBBY RAINES

Mailing Address 154 SAINT ANDREWS DR

City	State	Zip Code
JACKSON	MS	39211

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126062

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
C. RAINES

Mailing Address 4431 WESTWAY AVE

City	State	Zip Code
DALLAS	TX	75205

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126064

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			30			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CHARLES RAINEY

Mailing Address PO BOX 381

City	State	Zip Code
RIDGE	MD	20680

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
IDC	BUSINESS EXEC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126066

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANE RAINIER

Mailing Address 60 HARMONY RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126068

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CLAIRE L RAINS

Mailing Address 420 41ST AVENUE

City State Zip Code
SAN FRANCISCO CA 94121

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126069

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN R RAITT

Mailing Address 1111 MOHAWK ROAD

City State Zip Code
WILMETTE IL 90091

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126071

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL RALSKY

Mailing Address **606 WESTVIEW AVENUE**

City State Zip Code
NASHVILLE TN 37205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GLOBALGR LLC EXPORT CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1100.00

Transaction ID : SA17A.126072

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DOUG RALSTON

Mailing Address **PO BOX 29188**

City State Zip Code
DALLAS TX 75229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RALSTON OUTDOOR SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126074

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BRUCE RAMME

Mailing Address **N51W34316 ENCHANTED COURT**

City State Zip Code
OKAUCHEE WI 53069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126076

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **1750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN RANDALL

Mailing Address **775 SUNRIDGE RD**

City **FAIRLAWN** State **OH** Zip Code **44333**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Transaction ID : SA17A.126077

Date of Receipt
 M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JOHN RANGOS

Mailing Address **107 OSPREY CIRCLE**

City **BOCA RATON** State **FL** Zip Code **33431**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Transaction ID : SA17A.126079

Date of Receipt
 M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
ROLAND RANTS

Mailing Address **724 COLUMBIA ST NW**

City **OLYMPIA** State **WA** Zip Code **98501**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **350.00**

Transaction ID : SA17A.126080

Date of Receipt
 M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional)..... **800.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALLAN RAPPUHN

Mailing Address **920 FLORENCE BOULEVARD**

City	State	Zip Code
FLORENCE	AL	35630

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Transaction ID : SA17A.126087

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	20	/	2015

Amount of Each Receipt this Period
 _____ 2000.00

B. Full Name (Last, First, Middle Initial)
WALTER RAQUET

Mailing Address **78 ZACCHEUS MEAD LANE**

City	State	Zip Code
GREENWICH	CT	06831

FEC ID number of contributing federal political committee. **C**

Name of Employer GREENEARTH TECH	Occupation CEO
-------------------------------------	-------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 325.00

Transaction ID : SA17A.126088

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	28	/	2015

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
WARREN RASMUSSEN

Mailing Address **350 S COLLIER BLVD**

City	State	Zip Code
MARCO ISLAND	FL	34145

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.126090

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	30	/	2015

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 2750.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT RATE

Mailing Address **2221 E 56TH AVE**

City **HUTCHINSON** State **KS** Zip Code **67502**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126092

Date of Receipt

07 / 30 / 2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
DIANE RATH

Mailing Address **419 WILTSHIRE**

City **SAN ANTONIO** State **TX** Zip Code **78209**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126094

Date of Receipt

07 / 31 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
SUSANNE RATLIFF

Mailing Address **2737 SOUTHWOOD ROAD**

City **BIRMINGHAM** State **AL** Zip Code **35223**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.126096

Date of Receipt

08 / 10 / 2015

Amount of Each Receipt this Period

1500.00

Subtotal Of Receipts This Page (optional)..... **3000.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TIMOTHY S RATTRAY

Mailing Address 923 5TH AVE

City	State	Zip Code
NEW YORK	NY	10021

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126098

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RON RAU

Mailing Address PO BOX 7428

City	State	Zip Code
NORTH AUGUSTA	SC	29861

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
EXECUTIVE RELOCATION	TRUCK DRIVER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126100

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
GARY RAUCH

Mailing Address 6073 RESERVE DRIVE

City	State	Zip Code
BOULDER	CO	80303

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126101

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT M RAULAND

Mailing Address **PO BOX 114**

City **WALWORTH** State **WI** Zip Code **53125**

FEC ID number of contributing federal political committee. **C**

Name of Employer **THE RAULAND AGENCY, INC** Occupation **REALTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126103

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
EILEEN N RAUSCHERT

Mailing Address **24 HILLCREST DR**

City **BUSHNELL** State **IL** Zip Code **61422**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126105

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DEAN RAVELING

Mailing Address **295 SAINT ANDREWS DR**

City **HUDSON** State **WI** Zip Code **54016**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RAVELING COMPANIES LLC** Occupation **MANUFACTURING**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126107

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JIM RAY

Mailing Address **7733 FM 314 N**

City BROWNSBORO	State TX	Zip Code 75756
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126109

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DAVID RAYSICH

Mailing Address **3135 CHERRY HILL DRIVE**

City BROOKFIELD	State WI	Zip Code 53005
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer PLUNKETT RAYSICH ARCHITECTS, LLP	Occupation ARCHITECT
---	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126111

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
JOAN READ

Mailing Address **P.O. BOX 1060**

City MAGNOLIA	State TX	Zip Code 77353
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126113

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LARRY READ

Mailing Address **6519 E MALCOMB DRIVE**

City State Zip Code
PARADISE VALLEY AZ 85253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.126115

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
DAVID R READING

Mailing Address **1673 HUNTING CREEK D**

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126117

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
REALTORS DIRECT GIVER PROGRAM

Mailing Address **4801 FOREST RUN ROAD, SUITE 201**

City State Zip Code
MADISON WI 53704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126119

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

TOTAL EARMARKED THROUGH CONDUIT

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **3000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
REALTORS DIRECT GIVER PROGRAM

Mailing Address 4801 FOREST RUN ROAD, SUITE 201

City MADISON State WI Zip Code 53704

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126120

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			07			2015			

TOTAL EARMARKED THROUGH CONDUIT

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
WILLIAM REDDING

Mailing Address 1861 E FERN RD

City LAKELAND State FL Zip Code 33801

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126121

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			23			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
WILLIAM REDDING

Mailing Address 1861 E FERN RD

City LAKELAND State FL Zip Code 33801

FEC ID number of contributing federal political committee.

Name of Employer Occupation
 INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126122

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			10			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES REDDY

Mailing Address 2300 BARTON CREEK BLVD. #6
AUSTIN, TX 78735

City State Zip Code
AUSTIN TX 78735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126124

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
W. M REDEKER

Mailing Address 4417 SOUTHERN AVENUE

City State Zip Code
DALLAS TX 75205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126126

Date of Receipt
M M / D D / Y Y Y Y
09 / 09 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JIM REDEL

Mailing Address 1630 PARSIFAL ST NE

City State Zip Code
ALBUQUERQUE NM 87112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.126127

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
75.00

Subtotal Of Receipts This Page (optional).....▶ 825.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOE REDFIELD

Mailing Address 20744 SW SKIVER ST.

City State Zip Code
ALOHA OR 97078

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126129

Date of Receipt

M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JOAN REDFORD

Mailing Address 1560 GRANADA AVENUE

City State Zip Code
SAN MARINO CA 91108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126131

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
HERBERT REDL

Mailing Address 83 STREAM LANE

City State Zip Code
PLEASANT VALL NY 12569

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GUARDIAN SELF STORAGE OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126133

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2015

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-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ERIC REDMAN

Mailing Address **PO BOX 40**

City State Zip Code
ATHOL ID 83801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17A.126134

Date of Receipt

07 / 21 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
ERIC REDMAN

Mailing Address **PO BOX 40**

City State Zip Code
ATHOL ID 83801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
335.00

Transaction ID : SA17A.126135

Date of Receipt

09 / 19 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
GREG J REED

Mailing Address **900 HIGHWAY 78 EAST, SUITE 106**

City State Zip Code
JASPER AL 35501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126137

Date of Receipt

09 / 21 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **1200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWARD REESE

Mailing Address **2406 THORN PLACE**

City State Zip Code
FULLERTON CA 92835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MOTION COMPONENTS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126139

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
TIMOTHY REGAN

Mailing Address **503 S 249TH CIR**

City State Zip Code
WATERLOO NE 68069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JD HEISKELL HOLDINGS LLC EXECUTIVE VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126141

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LONA REGINELLI

Mailing Address **14 QUISTA DR**

City State Zip Code
CHICO CA 95926

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253.00

Transaction ID : SA17A.126142

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
75.00

Subtotal Of Receipts This Page (optional).....▶ **2075.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JENISE REIDER

Mailing Address 2948 S. DENALI WAY

City	State	Zip Code
MERIDIAN	ID	83642

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
NA	WIFE/MOTHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126155

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
KEITH REIHL

Mailing Address 950 MINISINK WAY

City	State	Zip Code
WESTFIELD	NJ	07090

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
B.G.C. USA	COO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126157

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
TIM REILAND

Mailing Address 641 N PLEASANT VIEW RD #168

City	State	Zip Code
MIDDLETON	WI	53562

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126159

Date of Receipt
M M / D D / Y Y Y Y
08 / 29 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWARD REILLY

Mailing Address 5 OLD FIELD PL

City NORWALK State CT Zip Code 06853

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126161

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
EDWARD REILLY

Mailing Address 5 OLD FIELD PL

City NORWALK State CT Zip Code 06853

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.126162

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ROBERT D REILY

Mailing Address PO BOX 80296

City NEW ORLEANS State LA Zip Code 70160

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126164

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 6000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT D REILY

Mailing Address **PO BOX 80296**

City State Zip Code
NEW ORLEANS LA 70160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126165

Date of Receipt
M M / D D / Y Y Y Y
07 30 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROBERT D REILY

Mailing Address **PO BOX 80296**

City State Zip Code
NEW ORLEANS LA 70160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126166

Date of Receipt
M M / D D / Y Y Y Y
07 30 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GREG REIMAN

Mailing Address **5850 N KENT AVENUE**

City State Zip Code
WHITEFISH BAY WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126168

Date of Receipt
M M / D D / Y Y Y Y
07 08 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **500.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEPHANIE REIN

Mailing Address 291 CENTRAL PARK WEST, PENTHOUSE

City	State	Zip Code
NEW YORK	NY	10024

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126170

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

B. Full Name (Last, First, Middle Initial)
DONALD REINHARD

Mailing Address 75 HARVARD AVEE

City	State	Zip Code
PALMERTON	PA	18071

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126172

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
DONALD REINHARD

Mailing Address 75 HARVARD AVEE

City	State	Zip Code
PALMERTON	PA	18071

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126173

Date of Receipt

M M / D D / Y Y Y Y
09 / 07 / 2015

Amount of Each Receipt this Period

<input type="text" value="150.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CASEY REINHARDT

Mailing Address 1 CAMEL POINT DR

City LAGUNA BEACH State CA Zip Code 92651

FEC ID number of contributing federal political committee. **C**

Name of Employer ENTREPRENEUR Occupation ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126175

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS F REINHARDT

Mailing Address 1 CAMEL POINT DR

City LAGUNA BEACH State CA Zip Code 92651

FEC ID number of contributing federal political committee. **C**

Name of Employer ENTREPRENEUR Occupation ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126177

Date of Receipt

M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
FREDERIC REINHARDT

Mailing Address 9976 FAIRWAY VILLAS

City PENSACOLA State FL Zip Code 32514

FEC ID number of contributing federal political committee. **C**

Name of Employer LCMS-OIM Occupation MINISTER OF RELIGION

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126179

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROSALYN REISCHMAN-

Mailing Address 2102 COLLEGE STREET

City State Zip Code
JACKSONVILLE FL 32204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIVERSITY OF FLORIDA NURSING FACULTY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126187

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WALTER A REISTER

Mailing Address 7738 GREENBRIER DR NE

City State Zip Code
ROCKFORD MI 49341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.126188

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
AUGUST REITER

Mailing Address 9650 BUSINESS CEBNTER DR

City State Zip Code
RANCHO CUCAMONGA CA 91730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REALSTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126190

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 600.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
F ALEXANDER RELYEA

Mailing Address **49 TECHNOLOGY DRIVE UNIT 89**

City **BEDFORD** State **NH** Zip Code **03110**

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126192

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JOHN REMICK

Mailing Address **3232 FOX HOLLOW COURT SW**

City **ROCHESTER** State **MN** Zip Code **55902**

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126194

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SUSAN RENEAU

Mailing Address **5425 SKYWAY DR**

City **MISSOULA** State **MT** Zip Code **59804**

FEC ID number of contributing federal political committee. **C**

Name of Employer
BLUE MOUNTAIN MARKETING

Occupation
AUTHOR OF BOOKS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126196

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **3950.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES REUL

Mailing Address **2845 22ND AVE.**

City State Zip Code
RICE LAKE WI 54868

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARM

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126198

Date of Receipt

07 / 16 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
ARLEN REYNOLDS

Mailing Address **290 EL CAMINO REAL**

City State Zip Code
CHELSEA AL 35043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126200

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
JOAN K REYNOLDS

Mailing Address **3709 WYNGATE COVE**

City State Zip Code
BIRMINGHAM AL 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126202

Date of Receipt

08 / 23 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional)..... **4200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT REYNOLDS

Mailing Address PO BOX 2863

City TUSCALOOSA State AL Zip Code 35403

FEC ID number of contributing federal political committee. **C**

Name of Employer REYNOLDS, REYNOLDS & LITTLE LLC Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.126210

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
400.00

B. Full Name (Last, First, Middle Initial)
ROBERT REYNOLDS

Mailing Address PO BOX 2863

City TUSCALOOSA State AL Zip Code 35403

FEC ID number of contributing federal political committee. **C**

Name of Employer REYNOLDS, REYNOLDS & LITTLE LLC Occupation ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1400.00

Transaction ID : SA17A.126211

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PETER RHEIN

Mailing Address 1407 HOLMBY AVE

City LOS ANGELES State CA Zip Code 90024

FEC ID number of contributing federal political committee. **C**

Name of Employer SARLOT & RHEIN Occupation CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.126213

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
400.00

Subtotal Of Receipts This Page (optional).....▶ 1800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS RHEINGANS

Mailing Address **N7897 COUNTY ROAD G**

City	State	Zip Code
IOLA	WI	54945

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.126215

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
JAMES RHEMER

Mailing Address **40 TOPAZ WAY**

City	State	Zip Code
SAN FRANCISCO	CA	94131

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.126217

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
CLAYTON RHOADES

Mailing Address **13302 ELLERTON TERRACE**

City	State	Zip Code
MIDLOTHIAN	VA	23113

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
KINSALE INSURANCE GROUP	INSURANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.126219

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 2000.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CLAYTON RHOADES

Mailing Address 13302 ELLERTON TERRACE

City State Zip Code
MIDLOTHIAN VA 23113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KINSALE INSURANCE GROUP INSURANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.126220

Date of Receipt
M M / D D / Y Y Y Y
08 / 30 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
JOY L RHODES

Mailing Address 3643 LAUREL RIDGE

City State Zip Code
SPRINGDALE AR 72764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SMILE SHOPPE BOOKKEEPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126222

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JOY L RHODES

Mailing Address 3643 LAUREL RIDGE

City State Zip Code
SPRINGDALE AR 72764

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SMILE SHOPPE BOOKKEEPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17A.126223

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1350.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DENNIS RHYNE

Mailing Address 24951 SAUSALITO ST

City State Zip Code
LAGUNA HILLS CA 92653

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126225

Date of Receipt

06 / 29 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DENNIS RHYNE

Mailing Address 24951 SAUSALITO ST

City State Zip Code
LAGUNA HILLS CA 92653

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.126226

Date of Receipt

07 / 13 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DENNIS RHYNE

Mailing Address 24951 SAUSALITO ST

City State Zip Code
LAGUNA HILLS CA 92653

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Transaction ID : SA17A.126227

Date of Receipt

08 / 26 / 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ **850.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROGER RIACHI

Mailing Address 19600 IDLEWOOD TRAIL

City State Zip Code
STRONGSVILLE OH 44149

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RFC CONTRACTING PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126229

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
LANCE RIBEIRO

Mailing Address 40 PEASLEE COURT

City State Zip Code
HAMPSTEAD NH 03841

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FIDELITY INVESTMENTS DBA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126231

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ANTHONY RICCI

Mailing Address W1264 SIENA CIR

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee.

Name of Employer Occupation
AURORA HEALTH SYSTEM ORTHOPEDICAL SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126233

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRENDA RICE

Mailing Address 254 DUNTREATH ST

City State Zip Code
FRANKFORT KY 40601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
253.00

Transaction ID : SA17A.126235

Date of Receipt

M M / D D / Y Y Y Y
08 03 2015

Amount of Each Receipt this Period

253.00

B. Full Name (Last, First, Middle Initial)
DAVID RICE

Mailing Address 35 COVENTRY CIR

City State Zip Code
CLARKSVILLE TN 37043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.126236

Date of Receipt

M M / D D / Y Y Y Y
08 11 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
HOWARD A RICE

Mailing Address 723 STEUBEN STREET

City State Zip Code
WAUSAU WI 54403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
402.00

Transaction ID : SA17A.126237

Date of Receipt

M M / D D / Y Y Y Y
09 10 2015

Amount of Each Receipt this Period

277.00

Subtotal Of Receipts This Page (optional).....▶ **630.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RONALD RICHARDS

Mailing Address 3389 VISTA VALLEY ROAD

City State Zip Code
AMITY PA 15311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126239

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ARLO RICHARDSON

Mailing Address 2339 19TH AVENUE

City State Zip Code
GREELEY CO 80631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MINERAL RESOURCES, INC. BUSINESS GUY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126241

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
CHARLOTTE RICHARDSON

Mailing Address 510 GORDON COURT

City State Zip Code
ATLANTA GA 30320

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126243

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 4200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLOTTE RICHARDSON

Mailing Address 510 GORDON COURT

City ATLANTA State GA Zip Code 30320

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1150.00

Transaction ID : SA17A.126244

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
JOHN RICHARDSON

Mailing Address 3836 TIMBERLINE WAY

City BIRMINGHAM State AL Zip Code 35243

FEC ID number of contributing federal political committee. **C**

Name of Employer CARDIOTHORACIC SURGEONS PC Occupation CARDIAC SURGEON

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126246

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MAURICE RICHARDSON

Mailing Address 5100 HIDDEN BRANCHES

City DUNWOODY State GA Zip Code 30338

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126247

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT E RICHARDSON

Mailing Address **54969 WOODHOLD COURT**

City **ELKHART** State **IN** Zip Code **46516**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126249

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2015

EARMARKED THROUGH CLUB FOR GROWTH PAC

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LAWRENCE RICHMAN

Mailing Address **7840 MISSION CENTER COURT #160**

City **SAN DIEGO** State **CA** Zip Code **92108**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RICHMAN TECHNOLOGY CORPORATION** Occupation **CEO/PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126251

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
JANICE RICHTER

Mailing Address **129 HOLMES MILL RD**

City **CREAM RIDGE** State **NJ** Zip Code **08514**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SENDZIK & SENDZIK P.C.** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126253

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **2250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOSEPH RICKARD

Mailing Address 1720 MAPLE AVENUE

City State Zip Code
EVANSTON IL 60201

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INCAPITAL LLC FINANCIAL TECHNOLOGY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126255

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
DON RICKETTS

Mailing Address 2464 S 182ND CIR

City State Zip Code
OMAHA NE 68130

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TD AMERITRADE LEARNING AND DEVELOPMENT PROFESSIONAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126257

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

C. Full Name (Last, First, Middle Initial)
JOE RICKETTS

Mailing Address 412 N ELMWOOD DRIVE

City State Zip Code
OMAHA NE 68132

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128790

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

REATTRIBUTED

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARLENE RICKETTS

Mailing Address 412 N ELMWOOD DRIVE

City	State	Zip Code
OMAHA	NE	68132

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126259

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="5400.00"/>

B. Full Name (Last, First, Middle Initial)
MARLENE RICKETTS

Mailing Address 412 N ELMWOOD DRIVE

City	State	Zip Code
OMAHA	NE	68132

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128788

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="-2700.00"/>

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
PATRICK RICKETTS

Mailing Address 16723 LEAVENWORTH CIRCLE

City	State	Zip Code
OMAHA	NE	68118

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
VINTAGE FINANCIAL GROUP	FINANCIAL PLANNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126261

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TODD RICKETTS

Mailing Address 510 LAUREL AVE

City State Zip Code
WIMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACTIVE CHAOS LLC INVESTMENT MGR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126263

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
TODD RICKETTS

Mailing Address 510 LAUREL AVE

City State Zip Code
WIMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACTIVE CHAOS LLC INVESTMENT MGR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126263.0

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SYLVIE LEGERE

Mailing Address 510 LAUREL AVE

City State Zip Code
WILMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FOOV FITNESS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126263.1

Date of Receipt
MM / DD / YYYY
06 / 25 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TODD RICKETTS

Mailing Address 510 LAUREL AVE

City State Zip Code
WIMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACTIVE CHAOS LLC INVESTMENT MGR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.126264

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
TODD RICKETTS

Mailing Address 510 LAUREL AVE

City State Zip Code
WIMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACTIVE CHAOS LLC INVESTMENT MGR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126264.0

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
TODD RICKETTS

Mailing Address 510 LAUREL AVE

City State Zip Code
WIMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ACTIVE CHAOS LLC INVESTMENT MGR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.126264.1

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TODD RICKETTS

Mailing Address 510 LAUREL AVE

City State Zip Code
WIMETTE IL 60091

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ACTIVE CHAOS LLC INVESTMENT MGR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126264.2

Date of Receipt
M M / D D / Y Y Y Y

SEE REATTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SYLVIE LEGERE

Mailing Address 510 LAUREL AVE

City State Zip Code
WILMETTE IL 60091

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FOOV FITNESS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126264.3

Date of Receipt
M M / D D / Y Y Y Y

REATTRIBUTED; SEE REDESIGNATION

Amount of Each Receipt this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SYLVIE LEGERE

Mailing Address 510 LAUREL AVE

City State Zip Code
WILMETTE IL 60091

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FOOV FITNESS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126264.4

Date of Receipt
M M / D D / Y Y Y Y

SEE REDESIGNATION

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SYLVIE LEGERE

Mailing Address 510 LAUREL AVE

City State Zip Code
WILMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FOOV FITNESS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126264.5

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NATHAN RIDDLE

Mailing Address 387 TWIN CREEKS DR

City State Zip Code
BOLINGBROOK IL 60440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLUECAT SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126266

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JOHN A RIDER

Mailing Address 3002 N GRANT ST

City State Zip Code
ENID OK 73703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.126267

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional).....▶ 700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TIMOTHY RIEDEL

Mailing Address 1305 DUCREST DRIVE SOUTH

City State Zip Code
COLUMBUS OH 43220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BAILEY CAVALIERI LLC LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126269

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
L. GEORGE RIEGER

Mailing Address 28 HOME PLACE
C 2

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GREENWICH INVESTMENT MANAGEMENT WHITE COLLAR WORKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126271

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
KAY RIGGS

Mailing Address 214 DABNEY DR

City State Zip Code
NEWPORT NEWS VA 23602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126273

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID RIKKERS

Mailing Address **7 MATTHEW ST**

City State Zip Code
ANDOVER MA 01810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RAYTHEON COMPANY ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126275

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ALAN RILEY

Mailing Address **16 SMITH ROAD**

City State Zip Code
GOFFSTOWN NH 03045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17A.126276

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
ALAN RILEY

Mailing Address **16 SMITH ROAD**

City State Zip Code
GOFFSTOWN NH 03045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Transaction ID : SA17A.126277

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

25.00

Subtotal Of Receipts This Page (optional)..... **325.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAULA RIMEL

Mailing Address 12627 CLOVERWOOD DR

City State Zip Code
CYPRESS TX 77429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANADARKO PETROLEUM CORPORATION LANDMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126279

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PHILIP RINALDI

Mailing Address 1097 WESTBROOK ROAD

City State Zip Code
BRIDGEWATER NJ 08807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PHILADELPHIA ENERGY SOLUTIONS CHAIRMAN/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126281

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
JOHN RINDLAUB

Mailing Address 8441 SE 68TH ST. #217

City State Zip Code
MERCER ISLAND WA 98040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WELLS FARGO BANKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126283

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 3450.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
S. RINDLAUB

Mailing Address **8441 SE 68TH ST APT 217**

City State Zip Code
MERCER ISLAND WA 98040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126285

Date of Receipt
M M / D D / Y Y Y Y
08 18 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ERIC RINESTONE

Mailing Address **6001 E. CARON CIRCLE DRIVE**

City State Zip Code
PARADISE VALLEY AZ 85253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126287

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
PATRICK RIORDAN

Mailing Address **E 601 BORLEY LN**

City State Zip Code
LIXEBURG WI 54217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NSIGHT CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126289

Date of Receipt
M M / D D / Y Y Y Y
07 20 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **2000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GERARD RIPO

Mailing Address 1234 N LIME AVE

City State Zip Code
SARASOTA FL 34237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CARPENTER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Transaction ID : SA17A.126294

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
MELISSA RIPPE

Mailing Address 8378 BUTTERWORTH RD

City State Zip Code
MAINEVILLE OH 45039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126296

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SUSAN M RIPPINGER

Mailing Address 11047 E VERBENA LN

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHAPTER DEUX, LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.126298

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHARON RISK

Mailing Address 113 ARBON LN

City State Zip Code
NEW BERN NC 28562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
263.00

Transaction ID : SA17A.126300

Date of Receipt

07 / 30 / 2015

Amount of Each Receipt this Period

263.00

B. Full Name (Last, First, Middle Initial)
GERALD RISTE

Mailing Address 12945 S. WHITE POTATO LAKE RD.

City State Zip Code
POUND WI 54161

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.126301

Date of Receipt

07 / 17 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
JOHN RIVARD

Mailing Address 14910 FLOWERWOOD DR

City State Zip Code
HOUSTON TX 77062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126303

Date of Receipt

07 / 17 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 1013.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) FERNANDO RIVERON Mailing Address 425 PINE RIDGE BLVD City WAUSAU State WI Zip Code 54401 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value=""/> <input type="text" value="1000.00"/>			Transaction ID : SA17A.126305 Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2015 Amount of Each Receipt this Period <input type="text" value=""/> <input type="text" value="1000.00"/>
B. Full Name (Last, First, Middle Initial) SEAN ROARK Mailing Address 1066 WINDCHIME WAY City PENSACOLA State FL Zip Code 32503 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation US NAVY PHYSICIAN Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value=""/> <input type="text" value="250.00"/>			Transaction ID : SA17A.126307 Date of Receipt M M / D D / Y Y Y Y 07 / 21 / 2015 Amount of Each Receipt this Period <input type="text" value=""/> <input type="text" value="250.00"/>
C. Full Name (Last, First, Middle Initial) RON ROBBINS Mailing Address 792 SE EVERGREEN DRIVE City LAKE CITY State FL Zip Code 32025 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation SELF-EMPLOYED SELF Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value=""/> <input type="text" value="220.00"/>			Transaction ID : SA17A.126309 Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2015 Amount of Each Receipt this Period <input type="text" value=""/> <input type="text" value="220.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WARREN M ROBBINS

Mailing Address 10234 E SPRING CREEK RD

City	State	Zip Code
SUN LAKES	AZ	85248

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 240.00

Transaction ID : SA17A.126310

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	09			09					2015

Amount of Each Receipt this Period

 100.00

B. Full Name (Last, First, Middle Initial)
WARREN M ROBBINS

Mailing Address 10234 E SPRING CREEK RD

City	State	Zip Code
SUN LAKES	AZ	85248

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 340.00

Transaction ID : SA17A.126311

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	09			28					2015

Amount of Each Receipt this Period

 100.00

C. Full Name (Last, First, Middle Initial)
RICHARD ROBERTD

Mailing Address 1650 SWAN LAKE RD

City	State	Zip Code
BOSSIER CITY	LA	71111

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
VALVEWORKS USA	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

 1000.00

Transaction ID : SA17A.126313

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
	07			13					2015

Amount of Each Receipt this Period

 1000.00

Subtotal Of Receipts This Page (optional).....
 1200.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BATSHEVA ROBERTS

Mailing Address **PO BOX 18**

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHEMED MED. ASST.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126315

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
BATSHEVA ROBERTS

Mailing Address **PO BOX 18**

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHEMED MED. ASST.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126316

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BATSHEVA ROBERTS

Mailing Address **PO BOX 18**

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHEMED MED. ASST.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126317

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRISTOP B ROBERTS

Mailing Address 1014 PRIORY PL

City State Zip Code
MCLEAN VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SYSTEMS MADE SIMPLE DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126319

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DOROTHY B ROBERTS

Mailing Address 1970 LEMON RANCH RD

City State Zip Code
SANTA BARBARA CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126321

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
DOROTHY B ROBERTS

Mailing Address 1970 LEMON RANCH RD

City State Zip Code
SANTA BARBARA CA 93108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126322

Date of Receipt

/ /

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1368 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DUANE ROBERTS

Mailing Address 4100 NEWPORT PLACE D

City	State	Zip Code
NEWPORT BEACH	CA	92660

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ENTREPRENEURIAL CORPORATE	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.126324

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	5

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
DVORAH ROBERTS

Mailing Address 120 ARBUTUS DRIVE

City	State	Zip Code
LAKEWOOD	NJ	08701

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Transaction ID : SA17A.126326

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	5

REATTRIBUTION; SEE REDESIGNATION

Amount of Each Receipt this Period

5400.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DVORAH ROBERTS

Mailing Address 120 ARBUTUS DRIVE

City	State	Zip Code
LAKEWOOD	NJ	08701

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.126327

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	5

SEE REDESIGNATION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 2700.00

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL M ROBERTS

Mailing Address **530 OLD WAUSAU ROAD**

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ROBERTS IRRIGATION CO.	SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3200.00

Transaction ID : **SA17A.126339**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			12			2015			

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
RICHARD ROBERTS

Mailing Address **PO BOX 18**

City	State	Zip Code
LAKEWOOD	NJ	08701

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : **SA17A.126341**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period

10800.00

C. Full Name (Last, First, Middle Initial)
RICHARD ROBERTS

Mailing Address **PO BOX 18**

City	State	Zip Code
LAKEWOOD	NJ	08701

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : **SA17A.126342**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period

-5400.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **13500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD ROBERTS

Mailing Address **PO BOX 18**

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126343

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICHARD ROBERTS

Mailing Address **PO BOX 18**

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126344

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RIVKA ROBERTS

Mailing Address **PO BOX 18**

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126346

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RIVKA ROBERTS

Mailing Address **PO BOX 18**

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126347

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RIVKA ROBERTS

Mailing Address **PO BOX 18**

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126348

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
WALTER B ROBERTS

Mailing Address **1299 BLACK OAKS CT N**

City State Zip Code
PLYMOUTH MN 55447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.126350

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional)..... **300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WALTER B ROBERTS

Mailing Address 1299 BLACK OAKS CT N

City State Zip Code
PLYMOUTH MN 55447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126351

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
WALTER B ROBERTS

Mailing Address 1299 BLACK OAKS CT N

City State Zip Code
PLYMOUTH MN 55447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.126352

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2015

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Yael ROBERTS

Mailing Address PO BOX 18

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126354

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
Yael Roberts

Mailing Address **PO BOX 18**

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126355

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Yael Roberts

Mailing Address **PO BOX 18**

City State Zip Code
LAKEWOOD NJ 08701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126356

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Mary Robertson

Mailing Address **28 JEWETT HILL RD**

City State Zip Code
SHARON CT 06069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126358

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL ROBINSON

Mailing Address 15453 ELM BLUFF WAY

City State Zip Code
ROANOKE TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
240.00

Transaction ID : SA17A.126368

Date of Receipt

08 / 17 / 2015

Amount of Each Receipt this Period

10.00

B. Full Name (Last, First, Middle Initial)
DANIEL ROBINSON

Mailing Address 15453 ELM BLUFF WAY

City State Zip Code
ROANOKE TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
265.00

Transaction ID : SA17A.126369

Date of Receipt

09 / 11 / 2015

Amount of Each Receipt this Period

25.00

C. Full Name (Last, First, Middle Initial)
DANIEL ROBINSON

Mailing Address 15453 ELM BLUFF WAY

City State Zip Code
ROANOKE TX 76262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
290.00

Transaction ID : SA17A.126370

Date of Receipt

09 / 11 / 2015

Amount of Each Receipt this Period

25.00

Subtotal Of Receipts This Page (optional).....▶ **60.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE ROBINSON

Mailing Address 5005 RIVERWAY #200

City State Zip Code
HOUSTON TX 77056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANDERSON ROBINSON INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126372

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JANICE ROBINSON

Mailing Address 27 ST. JAMES PARK

City State Zip Code
LOS ANGELES CA 90007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126373

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
LONNY ROBISON

Mailing Address 337 E. LAUREL DRIVE

City State Zip Code
SALINAD CA 93906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INNS OF MONTEREY CHIEF ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126375

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3050.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LONNY ROBISON

Mailing Address **337 E. LAUREL DRIVE**

City State Zip Code
SALINAD CA 93906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INNS OF MONTEREY CHIEF ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.126376

Date of Receipt
M M / D D / Y Y Y Y
08 04 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
MICHELLE ROBSON

Mailing Address **3104 EAST CAMELBACK ROAD, #837**

City State Zip Code
PHEONIX AZ 85016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.126378

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
PERRY ROCHESTER

Mailing Address **238 SETTLERS POINT DRIVE**

City State Zip Code
CLARKESVILLE GA 30523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.126379

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional)..... **2800.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK RODACK

Mailing Address **16051 COLLINS AVE**
3

City **SUNNY ISLES B** State **FL** Zip Code **33160**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126381

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS H RODDIS

Mailing Address **4920 ARDEN AVENUE**

City **EDINA** State **MN** Zip Code **55424**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126383

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
GARY RODRIGUEZ

Mailing Address **3321 CALDEIRA DR.**

City **LIVERMORE** State **CA** Zip Code **94550**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LEADERMETRIX INC.** Occupation **PRESIDENT OF A CONSULTING COMPANY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126385

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **2500.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HAN ROEBBELEN

Mailing Address 2611 SEEBLICK COURT

City	State	Zip Code
EL DORADO HILLS	CA	95762

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.126387

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
275.00

B. Full Name (Last, First, Middle Initial)
EVERETT ROEHL

Mailing Address 11574 N GALVIN AVE

City	State	Zip Code
MARSHFIELD	WI	54449

FEC ID number of contributing federal political committee. **C**

Name of Employer ROEHL TRANSPORT	Occupation FOUNDER
-------------------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126389

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
JAMES ROELKE

Mailing Address 5008 MIRANDY ROSE CT

City	State	Zip Code
MIDDLETON	WI	53562

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126391

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1025.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JUDY M ROGERS

Mailing Address **2525 RICHERT AVE.**

City **CLOVIS** State **CA** Zip Code **93611**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VOCATION PLUS SERVICES INC.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Transaction ID : SA17A.126392

Date of Receipt
 M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
JUDY M ROGERS

Mailing Address **2525 RICHERT AVE.**

City **CLOVIS** State **CA** Zip Code **93611**

FEC ID number of contributing federal political committee. **C**

Name of Employer **VOCATION PLUS SERVICES INC.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **300.00**

Transaction ID : SA17A.126393

Date of Receipt
 M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
NORMAN ROGERS

Mailing Address **3750 S LAS VEGAS BLVD**

City **LAS VEGAS** State **NV** Zip Code **89158**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2700.00**

Transaction ID : SA17A.126395

Date of Receipt
 M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **2900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL ROGERS

Mailing Address 1696 AVONDALE DRIVE

City State Zip Code
ROSEVILLE CA 95747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126397

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
MAURICE ROGERSON

Mailing Address PO BOX 412

City State Zip Code
POTLATCH ID 83855

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELINC.COM TECHNICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.126398

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	5

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
ROBIN G ROGERSON

Mailing Address 3848 JENNINGS ST

City State Zip Code
SAN DIEGO CA 92106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GARDEN COMMUNITIES SAN DIEGO PROJECT ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126400

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶

1250.00

Total This Period (last page this line number only).....▶

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SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOSEPH J ROHLING

Mailing Address 4403 BROOK COURT

City State Zip Code
WESTON WI 54476

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ST.CLAIRE'S MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126402

Date of Receipt
MM / DD / YYYY
08 / 12 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JAMES E ROHR

Mailing Address 613 DORSEYVILLE RD

City State Zip Code
PITTSBURGH PA 15238

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126404

Date of Receipt
MM / DD / YYYY
07 / 16 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES E ROHR

Mailing Address 613 DORSEYVILLE RD

City State Zip Code
PITTSBURGH PA 15238

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126405

Date of Receipt
MM / DD / YYYY
07 / 16 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHARON ROHR

Mailing Address **613 DORSEYVILLE RD**

City **PITTSBURGH** State **PA** Zip Code **15238**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.126407

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DEBORAH ROHRKASTE

Mailing Address **1417 MAHLER BOULEVARD**

City **NEENAH** State **WI** Zip Code **54956**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CALVARY BIBLE CHURCH** Occupation **CHILDRENS MINISTRY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126409

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
VINCENT ROLDAN

Mailing Address **49 N 8TH STREET APT 4F**

City **BROOKLYN** State **NY** Zip Code **11249**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BALLON STOLL BADER & NADLER** Occupation **LAWYER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126411

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID ROLSTON

Mailing Address **8411 N. INDIAN CREEK PARKWAY**

City State Zip Code
MILWAUKEE WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HATCO CORPORATION ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126413

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DOUGLAS ROMANO

Mailing Address **92 NEWFIELD DRIVE**

City State Zip Code
STAMFORD CT 06905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126415

Date of Receipt
M M / D D / Y Y Y Y
09 03 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
KARYN ROMANO

Mailing Address **647 EUCLID AVENUE**

City State Zip Code
GLEN ELLYN IL 60137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126417

Date of Receipt
M M / D D / Y Y Y Y
09 14 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **4200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1388 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RITA ROMANO

Mailing Address **70 NEWFIELD DRIVE**

City State Zip Code
STAMFORD CT 06905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126419

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
MICHEAL ROMPEL

Mailing Address **3259 KOAPAKA ST. #B**

City State Zip Code
HONOLULU HI 96819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
POSSO PIZZA INC. SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126421

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MICHEAL ROMPEL

Mailing Address **3259 KOAPAKA ST. #B**

City State Zip Code
HONOLULU HI 96819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
POSSO PIZZA INC. SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126422

Date of Receipt
M M / D D / Y Y Y Y
08 / 22 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CARRIE ROSE

Mailing Address **7 STACY STREET**

City State Zip Code
HAROLD KY 41635

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DRUG STORE BUISNESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126430

Date of Receipt

07 / 27 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
LESLIE ROSE

Mailing Address **330 S OCEAN BLVD APT 3B**

City State Zip Code
PALM BEACH FL 33480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126432

Date of Receipt

08 / 07 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
TERRENCE ROSE

Mailing Address **3375 SCOTT BLVD**

City State Zip Code
SANTA CLARA CA 95054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126434

Date of Receipt

07 / 27 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JUDY ROSS

Mailing Address 800 PENDLETON DR

City State Zip Code
SALEM VA 24153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAYMAN CANDY CO INC SEC-TREAS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126442

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PAUL ROSS

Mailing Address 1015 ARCHER ST

City State Zip Code
SAN DIEGO CA 92109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PB CONSULTING COUNTY PLANNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126444

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES ROTH

Mailing Address 302 NORTH 4TH STREET

City State Zip Code
SAINT JOSEPH MO 64501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HILLYARD INDUSTRIES EX VP & GM

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126446

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RORY ROTTSCHALK

Mailing Address 609 WALNUTSHIRE LN

City State Zip Code
CHICO CA 95973

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CULP & TANNER, INC ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126453

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RORY ROTTSCHALK

Mailing Address 609 WALNUTSHIRE LN

City State Zip Code
CHICO CA 95973

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CULP & TANNER, INC ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126454

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ROGER ROYSE

Mailing Address 1712 EMBARCADERO RD

City State Zip Code
PALO ALTO CA 94303

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ROYSE LAW FIRM ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126456

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT A RUCHO

Mailing Address 305 TRAFALGAR PLACE

City State Zip Code
MATTHEWS NC 28105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED DENTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126462

Date of Receipt
MM / DD / YYYY
08 / 11 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
THERESA RUCHO

Mailing Address 305 TRAFALGAR PLACE

City State Zip Code
MATTHEWS NC 28105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126464

Date of Receipt
MM / DD / YYYY
08 / 11 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DAVID L RUDOLPH

Mailing Address 8319 E CALLE DE ALEGRIA

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.126466

Date of Receipt
MM / DD / YYYY
08 / 17 / 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional).....▶ 300.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CARL E RUEDEBUSCH

Mailing Address 133 MEADOW RIDGE LN

City	State	Zip Code
MADISON	WI	53704

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RDC NATIONAL INC	PRESIDENT & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126468

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
WILLIAM J RUETZ

Mailing Address 5638 INDEPENDENCE ROAD

City	State	Zip Code
RACINE	WI	53406

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126470

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SHARON RUGGLES

Mailing Address 1321 SAINT ANDREWS R

City	State	Zip Code
LAKE GENEVA	WI	53147

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126472

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE M RUHL

Mailing Address 4981 TRILLIUM TRAIL

City State Zip Code
LONG GROVE IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126474

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DANIEL RUNDE

Mailing Address 6910 BONHEIM CT

City State Zip Code
MCLEAN VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CSIS SCHOLAR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126476

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
DANIEL RUNDE

Mailing Address 6910 BONHEIM CT

City State Zip Code
MCLEAN VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CSIS SCHOLAR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126477

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8100.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL RUNDE

Mailing Address 6910 BONHEIM CT

City	State	Zip Code
MCLEAN	VA	22101

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CSIS	SCHOLAR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.126477.0

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
 _____ -2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
SONIA RUNDE

Mailing Address 6910 BONHEIM COURT

City	State	Zip Code
MCLEAN	VA	22101

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CATHOLIC UNIVERSITY	PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.126477.1

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2015

REATTRIBUTED; SEE REDESIGNATION

Amount of Each Receipt this Period
 _____ 2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SONIA RUNDE

Mailing Address 6910 BONHEIM COURT

City	State	Zip Code
MCLEAN	VA	22101

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CATHOLIC UNIVERSITY	PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.126477.2

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2015

SEE REDESIGNATION

Amount of Each Receipt this Period
 _____ -2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ _____ 0.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SONIA RUNDE

Mailing Address **6910 BONHEIM COURT**

City State Zip Code
MCLEAN VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CATHOLIC UNIVERSITY PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126477.3

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DANIEL RUNDE

Mailing Address **6910 BONHEIM CT**

City State Zip Code
MCLEAN VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CSIS SCHOLAR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.126478

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

REFUND PENDING

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
JAMES RUNDE

Mailing Address **1621 GASPAR DRIVE SOUTH**

City State Zip Code
BOCA GRANDE FL 33921

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MORGAN STANLEY MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126480

Date of Receipt
M M / D D / Y Y Y Y
07 08 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **5400.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD RUNDE

Mailing Address **606 WEST 12TH STREET**

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
QUICK & COMPANY REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126482

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
SONIA RUNDE

Mailing Address **6910 BONHEIM COURT**

City State Zip Code
MCLEAN VA 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CATHOLIC UNIVERSITY PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126484

Date of Receipt
M M / D D / Y Y Y Y
06 18 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
ROBERT RUPP

Mailing Address **2320 PLAZA DEL GRAND**

City State Zip Code
LAS VEGAS NV 89102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DRAKE EQUIPMENT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.126485

Date of Receipt
M M / D D / Y Y Y Y
08 30 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **3450.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WAYNE RUSSELL

Mailing Address 4120 DOUGLAS BOULEVARD STE 306 PMB

City	State	Zip Code
GRANITE BAY	CA	95746

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126499

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

Amount of Each Receipt this Period

<input type="text" value="203.00"/>

B. Full Name (Last, First, Middle Initial)
GARY RUST

Mailing Address 250 BIRDSONG LN

City	State	Zip Code
CAPE GIRARDEA	MO	63701

FEC ID number of contributing federal political committee.

Name of Employer CONCORD PUBLISHING HOUSE INC	Occupation PRESIDENT
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126501

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
LINDA RUST

Mailing Address PO BOX 2817

City	State	Zip Code
LABELLE	FL	33975

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126503

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALAN J RUUD

Mailing Address 98 SAN JACINTO BOULEVARD FSR3000

City	State	Zip Code
AUSTIN	TX	78701

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126510

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

B. Full Name (Last, First, Middle Initial)
BRIAN WILLIAMS RY

Mailing Address 2534 LOMBARD

City	State	Zip Code
JANESVILLE	WI	53545

FEC ID number of contributing federal political committee.

Name of Employer NORTHLAND EQUIPMENT CO INC	Occupation PRESIDENT
--	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126512

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
ARTHUR RYAN

Mailing Address 119 MOUNT PLEASANT A

City	State	Zip Code
GLOUCESTER	MA	01930

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126514

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS SAFRAN

Mailing Address 11812 SAN VICENTE BOULEVARD, SUITE

City State Zip Code
LOS ANGELES CA 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126534

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
GARY V SAGUI

Mailing Address 1301 SAINT ANDREWS RD

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TEMPLAR SECURITIES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126536

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
GARY V SAGUI

Mailing Address 1301 SAINT ANDREWS RD

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TEMPLAR SECURITIES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128860

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 5900.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK SALM

Mailing Address 3030 HERMANS RD

City State Zip Code
NEW FRANKEN WI 54229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SALM PARTNERS, LLC PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126542

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
TOM SALOME

Mailing Address P.O. BOX 1175

City State Zip Code
WACO TX 76703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126544

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
STUART SALOT

Mailing Address 29135 WARNICK RD.

City State Zip Code
RANCHO PALOS VERDES CA 90275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126546

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
IRWIN SAMELMAN

Mailing Address 89 PRINCEVILLE LN

City State Zip Code
LAS VEGAS NV 89113

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126548

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
JAMES A SAMMONS

Mailing Address 1000 RIVER RANCH RD

City State Zip Code
ALEDO TX 76008

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126549

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
COLLETTE SAMSEL

Mailing Address 175 PECUNIT STREET

City State Zip Code
CANTON MA 20201

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128712

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

REATTRIBUTED

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
COLBY B SANDLIAN

Mailing Address 435 N BROADWAY AVE

City State Zip Code
WICHITA KS 67202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126559

Date of Receipt

M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
BARBARA SANDOR

Mailing Address 400 S STEELE ST

City State Zip Code
DENVER CO 80209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.126561

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period

203.00

C. Full Name (Last, First, Middle Initial)
FRED SANDS

Mailing Address 11611 SAN VICENTE BOULEVARD, SUITE

City State Zip Code
LOS ANGELES CA 90049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126563

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period

5400.00

Subtotal Of Receipts This Page (optional).....▶ 6103.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ARVIND SANGER

Mailing Address 170 E END AVENUE, 19B

City State Zip Code
NEW YORK NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126567

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
DAVID SAPORTA

Mailing Address 11706 MANDA DR

City State Zip Code
HUNTLEY IL 60142

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROAD RANGER LLC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126569

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
GREGORY SARNO

Mailing Address 668 HERITAGE WAY

City State Zip Code
HUDSON WI 54016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ENVIRONMENTAL ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126571

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) DAVID SAWICKI		Transaction ID : SA17A.126585																					
Mailing Address 11775 BROOKE LYN COURT		Date of Receipt																					
City CONCORD TOWNS State OH Zip Code 44077		<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>08</td><td></td><td></td><td>10</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	08			10			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
08			10			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer CLEVELAND CONSTRUCTION INC. Occupation VICE PRESIDENT OF CONSTRUCTION		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td><td></td><td></td><td></td> </tr> </table>																		1000.00			
						1000.00																	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>1000.00</td><td></td><td></td><td></td> </tr> </table>																		1000.00			
						1000.00																	

B. Full Name (Last, First, Middle Initial) DONALD SAYLER		Transaction ID : SA17A.126586																					
Mailing Address 13033 RIDGEDALE DRIVE, #182		Date of Receipt																					
City MINNETONKA State MN Zip Code 55305		<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>07</td><td></td><td></td><td>01</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			01			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			01			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer DONLAD CORPORATION Occupation CONSULTANT		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>35.00</td><td></td><td></td><td></td> </tr> </table>																		35.00			
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Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>235.00</td><td></td><td></td><td></td> </tr> </table>																		235.00			
						235.00																	

C. Full Name (Last, First, Middle Initial) DONALD SAYLER		Transaction ID : SA17A.126587																					
Mailing Address 13033 RIDGEDALE DRIVE, #182		Date of Receipt																					
City MINNETONKA State MN Zip Code 55305		<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>07</td><td></td><td></td><td>13</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			13			2015			
M	M	/	D	D	/	Y	Y	Y	Y														
07			13			2015																	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																					
Name of Employer DONLAD CORPORATION Occupation CONSULTANT		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>200.00</td><td></td><td></td><td></td> </tr> </table>																		200.00			
						200.00																	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼																					
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						435.00																	

Subtotal Of Receipts This Page (optional).....	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td>1235.00</td><td></td><td></td><td></td> </tr> </table>																	1235.00			
						1235.00															
Total This Period (last page this line number only).....	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																				

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONALD SAYLER

Mailing Address 13033 RIDGEDALE DRIVE, #182

City	State	Zip Code
MINNETONKA	MN	55305

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DONLAD CORPORATION	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126588

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial)
DONALD SAYLER

Mailing Address 13033 RIDGEDALE DRIVE, #182

City	State	Zip Code
MINNETONKA	MN	55305

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DONLAD CORPORATION	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126589

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial)
DONALD SAYLER

Mailing Address 13033 RIDGEDALE DRIVE, #182

City	State	Zip Code
MINNETONKA	MN	55305

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DONLAD CORPORATION	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126590

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID A SCARAMUCCI

Mailing Address 177 BOURNDALE RD N

City State Zip Code
MANHASSET NY 11030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SECURITIES TRADER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126603

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DAVID A SCARAMUCCI

Mailing Address 177 BOURNDALE RD N

City State Zip Code
MANHASSET NY 11030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SECURITIES TRADER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126604

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DEIDRE SCARAMUCCI

Mailing Address 17 PARKWOODS RD

City State Zip Code
MANHASSET NY 11030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126606

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
REBECCA SCARAMUCCI

Mailing Address 177 BOURNDALE RD N

City State Zip Code
MANHASSET NY 11030

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Transaction ID : SA17A.126608

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015

REATTRIBUTED; SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
REBECCA SCARAMUCCI

Mailing Address 177 BOURNDALE RD N

City State Zip Code
MANHASSET NY 11030

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

Transaction ID : SA17A.126609

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
REBECCA SCARAMUCCI

Mailing Address 177 BOURNDALE RD N

City State Zip Code
MANHASSET NY 11030

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

5400.00

Transaction ID : SA17A.126610

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA SCARBROUGH

Mailing Address 508 BLACKHAWK CLUB DRIVE

City State Zip Code
DANVILLE CA 94506

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126612

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JOHN SCEPANSKI

Mailing Address 455 E MORGAN AVENUE

City State Zip Code
MILWAUKEE WI 53207

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126614

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN SCEPANSKI

Mailing Address 455 E MORGAN AVENUE

City State Zip Code
MILWAUKEE WI 53207

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126615

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN SCEPANSKI

Mailing Address 455 E MORGAN AVENUE

City State Zip Code
MILWAUKEE WI 53207

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126616

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
PAUL SCHABEN

Mailing Address PO BOX 767

City State Zip Code
CARROLL IA 51401

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOT SPRINGS SPA OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126618

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
LEAH SCHAEFER

Mailing Address 9924 WELLINGTON WAY

City State Zip Code
FORT SMITH AR 72908

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126619

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LEE SCHAFER

Mailing Address 1469 RED CLIFF WAY

City	State	Zip Code
CASTLE ROCK	CO	80109

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126621

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			23			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
RICHARD SCHAFFNER

Mailing Address P.O. BOX 2145

City	State	Zip Code
RANCHO MIRAGE	CA	92270

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INDEPENDENT CONTRACTOR	DENTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126622

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
RICHARD SCHAFFNER

Mailing Address P.O. BOX 2145

City	State	Zip Code
RANCHO MIRAGE	CA	92270

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INDEPENDENT CONTRACTOR	DENTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126623

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			06			2015			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GILBERT SCHARF

Mailing Address 733 3RD AVENUE, 16TH FLOOR

City State Zip Code
NEW YORK NY 10017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126636

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
GILBERT SCHARF

Mailing Address PO BOX 159

City State Zip Code
CLINTON CORNE NY 12514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GILDALE ADISORS LLC INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126638

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MICHAEL SCHARF

Mailing Address 225 DUNBAR ROAD

City State Zip Code
PALM BEACH FL 33480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126640

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 8100.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN SCHARLAU

Mailing Address **N6938 810TH STREET**

City **ELK MOUND** State **WI** Zip Code **54739**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **RENTALS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126642

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN SCHAUPP

Mailing Address **229 ROSEMONT DRIVE**

City **GREEN BAY** State **WI** Zip Code **54301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126644

Date of Receipt
M M / D D / Y Y Y Y
08 / 09 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MARY SCHAUPP

Mailing Address **225 ROSEMONT DRIVE**

City **GREEN BAY** State **WI** Zip Code **54301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126646

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **5900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL SCHIAPPA

Mailing Address **48 ROSEWELL ROAD**

City **BEDFORD** State **NH** Zip Code **03110**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SOPHOS, INC.** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126659

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
GAIL SCHICKEDANZ

Mailing Address **6758 WILSON RD.**

City **WEST PALM BEACH** State **FL** Zip Code **33413**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126661

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
GOERGE SCHIELE

Mailing Address **19 HILL ROAD**

City **GREENWICH** State **CT** Zip Code **06830**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126663

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **2500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
IVELY SCHIFFMACH

Mailing Address 372 N SMITH AVE

City State Zip Code
CORONA CA 92880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PRICE MFG COMPANY ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126665

Date of Receipt

07 / **13** / **2015**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
DEAN SCHILLING

Mailing Address 9120 PATTERSON ST.

City State Zip Code
SAINT JOHN IN 46373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126667

Date of Receipt

07 / **13** / **2015**

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
HUGH K SCHILLING

Mailing Address 16907 E MONTEREY DRIVE

City State Zip Code
FOUNTAIN HILL AZ 85268

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HORTON HOLDING CHM

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126669

Date of Receipt

08 / **14** / **2015**

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period

5400.00

Subtotal Of Receipts This Page (optional).....▶ **6650.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LEONARD SCHMICK

Mailing Address 5669 ANGLE ROAD

City State Zip Code
OSHKOSH WI 54904

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SUBWAY 0

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126681

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
DAVID SCHMIDT

Mailing Address PO BOX 1158

City State Zip Code
PAUMA VALLEY CA 92061

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126683

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
JEAN SCHMIDT

Mailing Address W5175 STATE ROAD 21

City State Zip Code
NECEDAH WI 54646

FEC ID number of contributing federal political committee.

Name of Employer Occupation
WOODCRAFT HOMES OFFICE MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126684

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="150.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEAN SCHMIDT

Mailing Address **W5175 STATE ROAD 21**

City **NECEDAH** State **WI** Zip Code **54646**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WOODCRAFT HOMES** Occupation **OFFICE MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
265.00

Transaction ID : SA17A.126685

Date of Receipt
M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
KAREN SCHMIDT

Mailing Address **2085 SANDALWOOD CT**

City **GREEN BAY** State **WI** Zip Code **54304**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126687

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
KARL SCHMIDT

Mailing Address **2085 SANDALWOOD CT**

City **GREEN BAY** State **WI** Zip Code **54304**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BELMARK, INC.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126689

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional)..... **5415.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT A SCHMIDT

Mailing Address 350 N FILLMORE ST

City State Zip Code
LANCASTER WI 53813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GASSER TRUE VALUE RETAIL OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126699

Date of Receipt

09 / 14 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
SETH R SCHMIDT

Mailing Address N6588 BIRCH RD

City State Zip Code
ELKHORN WI 53121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NAPA PARTS SPECIALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.126700

Date of Receipt

08 / 12 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
SETH R SCHMIDT

Mailing Address N6588 BIRCH RD

City State Zip Code
ELKHORN WI 53121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NAPA PARTS SPECIALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
295.00

Transaction ID : SA17A.126701

Date of Receipt

08 / 13 / 2015

Amount of Each Receipt this Period

20.00

Subtotal Of Receipts This Page (optional)..... **770.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS A SCHMIDT

Mailing Address **W2258 BROOKHAVEN DRI**

City State Zip Code
APPLETON WI 54915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US OIL CO. CHAIRMAN OF BOARD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126703

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
THOMAS A SCHMIDT

Mailing Address **W2258 BROOKHAVEN DRI**

City State Zip Code
APPLETON WI 54915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US OIL CO. CHAIRMAN OF BOARD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126704

Date of Receipt
M M / D D / Y Y Y Y
08 03 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ALAN SCHMITZ

Mailing Address **6648 WALTERS DRIVE**

City State Zip Code
WEST BEND WI 53090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.126706

Date of Receipt
M M / D D / Y Y Y Y
09 23 2015

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional)..... **7400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK C SCHMITZ

Mailing Address 140 WHITLOCK STREET

City State Zip Code
WISCONSIN DEL WI 53965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MOOSEJAW RESTAURANT GENERAL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126708

Date of Receipt

/ /

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
TERRY L SCHMITZ

Mailing Address 4253 W RIVERS EDGE C

City State Zip Code
BROWN DEER WI 53209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126710

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
CARL SCHMUCK

Mailing Address 4417 OAKWOOD HILLS PARK

City State Zip Code
EAU CLAIRE WI 54701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.126711

Date of Receipt

/ /

Amount of Each Receipt this Period

125.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL C SCHNEIDER

Mailing Address **PO BOX 139**

City State Zip Code
EGG HARBOR WI 54209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126724

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
PAUL C SCHNEIDER

Mailing Address **PO BOX 139**

City State Zip Code
EGG HARBOR WI 54209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126725

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARILYN B SCHNUCK

Mailing Address **131 LINDEN AVE**

City State Zip Code
SAINT LOUIS MO 63105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126727

Date of Receipt
M M / D D / Y Y Y Y
08 10 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **5900.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
W. SCHOCK

Mailing Address **219 WOODBOURNE DRIVE**

City State Zip Code
ST. LOUIS MO 63105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126729

Date of Receipt
M M / D D / Y Y Y Y
08 10 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ALICE L SCHOEBEL

Mailing Address **W583 EAGLE ROAD**

City State Zip Code
NESHKORO WI 54960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126731

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PAUL SCHOENECK

Mailing Address **13635 PARK CIR S**

City State Zip Code
ELM GROVE WI 53122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SCHOENECK CONTAINERS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126733

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1750.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN SCHOFIELD

Mailing Address 1801 COLONIAL ARMS CIRCLE #4A

City State Zip Code
VIRGINIA BEACH VA 23454

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.126734

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRANDON SCHOLZ

Mailing Address 4526 ELLINGTON WAY

City State Zip Code
MIDDLETON WI 53562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE CAPITAL GROUP PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126736

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PETER SCHOON

Mailing Address 769 BOULDER DRIVE

City State Zip Code
ORONO MN 55356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
235.00

Transaction ID : SA17A.126737

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period
35.00

Subtotal Of Receipts This Page (optional).....▶ 785.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PETER SCHOON

Mailing Address 769 BOULDER DRIVE

City State Zip Code
ORONO MN 55356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
285.00

Transaction ID : SA17A.126738

Date of Receipt

08 / 11 / 2015

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
WARREN SCHOONOVER

Mailing Address 7276 E CRIMSON SKY T

City State Zip Code
SCOTTSDALE AZ 85266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.126740

Date of Receipt

08 / 07 / 2015

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
E. SCHRANG

Mailing Address 414 E WISCONSIN AVE

City State Zip Code
NEENAH WI 54956

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126742

Date of Receipt

07 / 22 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **850.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TOM SCHREIBEL

Mailing Address **N80W28196 ADAMS ROAD**

City **HARTLAND** State **WI** Zip Code **53029**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SHECHEN FAMILY COMPANIES** Occupation **VP**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126744

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN SCHREIBER

Mailing Address **66 ROBERTSON ROAD**

City **LYNBROOK** State **NY** Zip Code **11563**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JOHN C SCHREIBER IRRIGATION INC** Occupation **IRRIGATION INSTALLER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126746

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
C P SCHRIBER SCHRIBER

Mailing Address **PO BOX 70**

City **MC NEIL** State **TX** Zip Code **78651**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FILM FLEET, LLC** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126748

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1000.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LARRY SCHROCK

Mailing Address 30046 MUIRLAND DRIVE

City FARMINGTON HILLS State MI Zip Code 48334

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.126750

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ADRIAN SCHROEDER

Mailing Address 354 RICHMOND LN

City LAKEWOOD State IL Zip Code 60014

FEC ID number of contributing federal political committee.

Name of Employer NO COMPANY Occupation NOT WORKING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.126752

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
BRIAN SCHROEDER

Mailing Address 1947 KETTLE CREEK DR

City DE PERE State WI Zip Code 54115

FEC ID number of contributing federal political committee.

Name of Employer JACK SCHROEDER AND ASSOCIATES, INC Occupation CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 750.00

Transaction ID : SA17A.126754

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
 750.00

Subtotal Of Receipts This Page (optional)..... 2000.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAY SCHROEDER

Mailing Address 1295 N LAKE ST

City	State	Zip Code
NEENAH	WI	54956

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126756

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
JENIFER J SCHROEDER

Mailing Address 2212 HILLCREST DR

City	State	Zip Code
DELAFIELD	WI	53018

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126758

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
JOHN T SCHROEDER

Mailing Address W9563 COUNTY ROAD D

City	State	Zip Code
ANTIGO	WI	54409

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126760

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS SCHRYVER

Mailing Address 4627 COUNTRY CLUB BLVD

City	State	Zip Code
SIOUX CITY	IA	51104

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	HEALTHCARE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126762

Date of Receipt

<input type="text" value="08"/>	<input type="text" value="12"/>	<input type="text" value="2015"/>
---------------------------------	---------------------------------	-----------------------------------

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
KIM SCHUBERT

Mailing Address 5445 N HIGHWAY 83

City	State	Zip Code
HARTLAND	WI	53029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126764

Date of Receipt

<input type="text" value="07"/>	<input type="text" value="13"/>	<input type="text" value="2015"/>
---------------------------------	---------------------------------	-----------------------------------

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ALEX SCHUETTENB

Mailing Address 2544 SE VICKSBURG ST

City	State	Zip Code
BARTLESVILLE	OK	74006

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126766

Date of Receipt

<input type="text" value="07"/>	<input type="text" value="18"/>	<input type="text" value="2015"/>
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Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALEX SCHUETTENBERG

Mailing Address **2544 SE VICKSBURG ST**

City **BARTLESVILLE** State **OK** Zip Code **74006**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126768

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MARGARET A SCHUH

Mailing Address **N9351 ISAAR ROAD**

City **SEYMOUR** State **WI** Zip Code **54165**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **CONSTRUCTION**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126770

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			11			2015			

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
CHARLES SCHUHMACHER

Mailing Address **PO BOX 57868**

City **WEBSTER** State **TX** Zip Code **77598**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126772

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **2250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JODI SCHULTEIS

Mailing Address 3276 CROSSWIND COURT

City	State	Zip Code
COLGATE	WI	53017

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HEALTH DIAGNOSTIC LABORATORY	REGIONAL SALES MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.126774

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2015

Amount of Each Receipt this Period

_____ 2700.00

B. Full Name (Last, First, Middle Initial)
CARL SCHULTZ

Mailing Address 13785 BALD CYPRESS C

City	State	Zip Code
FORT MYERS	FL	33907

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 283.00

Transaction ID : SA17A.126775

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period

_____ 83.00

C. Full Name (Last, First, Middle Initial)
MIKE SCHULTZ

Mailing Address 5983 HARBOUR SOUTH DRIVE

City	State	Zip Code
WINNECONNE	WI	54986

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WHITELIGHT GROUP	BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1010.00

Transaction ID : SA17A.126777

Date of Receipt

M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period

_____ 1010.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3793.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROGER A SCHULTZ

Mailing Address 9683 BLUEBILL ROAD

City State Zip Code
WOODBURY MN 55125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.126779

Date of Receipt

M M / D D / Y Y Y Y
08 20 2015

Amount of Each Receipt this Period

2500.00

B. Full Name (Last, First, Middle Initial)
GARY SCHULZE

Mailing Address 3437 W MERCER WAY

City State Zip Code
MERCER ISLAND WA 98040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.126781

Date of Receipt

M M / D D / Y Y Y Y
07 23 2015

Amount of Each Receipt this Period

450.00

C. Full Name (Last, First, Middle Initial)
GARY SCHUMACHER

Mailing Address 2200 LAKE WOODS WAY

City State Zip Code
STOUGHTON WI 53589

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126783

Date of Receipt

M M / D D / Y Y Y Y
07 17 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **3200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES E SCHUMACHER

Mailing Address 3015 FENCELINE ROAD

City State Zip Code
RACINE WI 53406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
APOSTOLIC FAITH CHURCH PASTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126785

Date of Receipt

08 / 31 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
THOMAS M SCHUMACHER

Mailing Address 2001 LOST DAUPHIN ROAD

City State Zip Code
DE PERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126787

Date of Receipt

08 / 25 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
PHILLIP SCHUSTER

Mailing Address PO BOX 685

City State Zip Code
YACHATS OR 97498

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.126789

Date of Receipt

08 / 14 / 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANET SCHUTTE

Mailing Address 13737 W ROBERTSON DR

City State Zip Code
SUN CITY WEST AZ 85375

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126791

Date of Receipt

M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
TERRY SCHUTZ

Mailing Address 2303 HICKORY HILLS ROAD

City State Zip Code
ROCK FALLS IL 61071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126793

Date of Receipt

M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
T. W SCHWALENBE

Mailing Address N2572 KITZINGER LN

City State Zip Code
FORT ATKINSON WI 53538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126795

Date of Receipt

M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BART SCHWARTZ

Mailing Address **14 SALEM HILL ROAD
PO BOX431**

City **SOUTH SALEM** State **NY** Zip Code **10590**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SOLUTIONOIJUNT INTERNATIONAL, INC.** Occupation **ATTORNEY/BUSINESS EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126797

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
BRENT SCHWARTZ

Mailing Address **1252 E 1ST STREET**

City **TUSTIN** State **CA** Zip Code **92780**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
330.00

Transaction ID : SA17A.126799

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
330.00

C. Full Name (Last, First, Middle Initial)
MICHAEL D SCHWARTZ

Mailing Address **401 EAGLE BLUFF DR**

City **HUDSON** State **WI** Zip Code **54016**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126801

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **3530.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DON SCIFRES

Mailing Address 26700 PALO HILLS DR

City State Zip Code
LOS ALTOS CA 94022

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126809

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CLAY D SCOFIELD

Mailing Address 2122 NESMITH ROAD

City State Zip Code
GUNTERSVILLE AL 35976

FEC ID number of contributing federal political committee.

Name of Employer Occupation
STATE OF ALABAMA SENATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126811

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JANET SCOTT

Mailing Address 695 RIVER OAKS DR

City State Zip Code
HAYESVILLE NC 28904

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126813

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN SCOTT

Mailing Address **PO BOX 66**

City State Zip Code
LAKE DELTON WI 53940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126815

Date of Receipt

08 / 12 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
JULIE SCOTT

Mailing Address **1126 NASSAU WAY**

City State Zip Code
FORT COLLINS CO 80525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126817

Date of Receipt

07 / 31 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
ROY SCOTT

Mailing Address **11 LAUREL LN**

City State Zip Code
WILBRAHAM MA 01095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126819

Date of Receipt

07 / 21 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **1250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RALPH SEABAUGH

Mailing Address 17871 HWY. 157

City State Zip Code
PLAIN DEALING LA 71064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UPRR COND. RET. UNION PACIFIC RR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.126820

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
D. GIDEON SEARLE

Mailing Address 316 NEAPOLITAN WAY

City State Zip Code
NAPLES FL 34103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126822

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
CHARLES SEARS

Mailing Address 3609 VIA LA SELVA

City State Zip Code
PALOS VERDES ESTATES CA 90274

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126824

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 3300.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DOUGLAS P SEATON

Mailing Address 7300 METRO BLVD STE 500

City	State	Zip Code
MINNEAPOLIS	MN	55439

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SEATON, BECK, & PETERS PA	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126826

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			20			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
SCOTT SEATON

Mailing Address 14349 HAMILTON ST

City	State	Zip Code
OMAHA	NE	68154

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SCOTT ENTERPRISES	BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126828

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ANDREW SEBOR

Mailing Address 20 DANIEL CT

City	State	Zip Code
WESTPORT	CT	06880

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126830

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SARA SEGAL

Mailing Address **9708 TURNBUCKLE DR**

City **BURKE** State **VA** Zip Code **22015**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FAIRFAX COUNTY PUBLIC SCHOOLS** Occupation **ASSISTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.126833

Date of Receipt
 M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
JOANNE M SEGEBARTH

Mailing Address **3998 WINDFIELD LN**

City **ERLANGER** State **KY** Zip Code **41018**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.126834

Date of Receipt
 M M / D D / Y Y Y Y
08 / 13 / 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
KATHI SEIFERT

Mailing Address **3091 FOX RUN**

City **APPLETON** State **WI** Zip Code **54914**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KATAPULT, LLC** Occupation **EXECUTIVE VP**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126836

Date of Receipt
 M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **575.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT H. SELDEN

Mailing Address 175 WEST OLIVE STREET

City State Zip Code
EMHURST IL 60126

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126838

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
CAROL SELKIRK

Mailing Address 1467 S CENTER POINT DRI

City State Zip Code
WASILLA AK 99654

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126839

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial)
DOUGLAS C SELLERS

Mailing Address 912 WESTVIEW AVENUE

City State Zip Code
NASHVILLE TN 37205

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126841

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DOUGLAS C SELLERS

Mailing Address 912 WESTVIEW AVENUE

City State Zip Code
NASHVILLE TN 37205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126842

Date of Receipt
MM / DD / YYYY
08 / 31 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LESLIE SELLERS

Mailing Address 912 WESTVIEW AVENUE

City State Zip Code
NASHVILLE TN 37205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126844

Date of Receipt
MM / DD / YYYY
08 / 31 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RICHARD J SEMERSKY

Mailing Address 1361 E 55TH STREET

City State Zip Code
CLEVELAND OH 44103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VIP RESTORATION PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126846

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEFFREY SEMON

Mailing Address 4 ADAMS CIR

City State Zip Code
WOBURN MA 01801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WINTER WYMON PROJECT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126848

Date of Receipt

/ /

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL J SENKEN

Mailing Address 145 INWOOD TER

City State Zip Code
ROSWELL GA 30075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIMEDX GROUP CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126850

Date of Receipt

/ /

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
JOHN SERBECK

Mailing Address 6900 PINECONE CIRCLE

City State Zip Code
ANCHORAGE AK 99516-3724

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HILCORP ENERGY GEOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126851

Date of Receipt

/ /

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA SERIO

Mailing Address 20134E DAMERAL DR

City	State	Zip Code
COVINA	CA	91725

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1170.00

Transaction ID : SA17A.126852

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 13 / 2015

EARMARKED THROUGH CLUB FOR GROWTH PAC

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
GARY SEWELL

Mailing Address 3400 JUNCTION CITY HIGH

City	State	Zip Code
EL DORADO	AR	71730

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SEWELL DRILLING	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.126854

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 17 / 2015

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
MARY SEWELL

Mailing Address 3 PURSUIT

City	State	Zip Code
ALISO VIEJO	CA	92656

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 210.00

Transaction ID : SA17A.126855

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 04 / 2015

Amount of Each Receipt this Period
 100.00

Subtotal Of Receipts This Page (optional).....▶ 1350.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALEXANDER SEYFARTH

Mailing Address **5576 W RIVER OAKS ROAD**

City **JANESVILLE** State **WI** Zip Code **53545**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BRUEER** Occupation **PRODUCT MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.126857

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

225.00

B. Full Name (Last, First, Middle Initial)
PATRICIA D SHABAZ

Mailing Address **1501 BURNING WOOD WAY**

City **MADISON** State **WI** Zip Code **53704**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126859

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
ROBERT A SHADE, JR.

Mailing Address **3224 VISTA ROAD**

City **GREEN BAY** State **WI** Zip Code **54301**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126861

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	5

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **1475.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TO SHAFFER

Mailing Address 14840 PECOS ST

City	State	Zip Code
BROOMFIELD	CO	80023

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.126863

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			20			2015			

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
W S (BILL) SHAFFER

Mailing Address 34515 MODOC POINT ROAD

City	State	Zip Code
CHILPQUIN	OR	97624

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.126865

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
THOMAS SHANAHAN

Mailing Address 100 MANZANITA WAY

City	State	Zip Code
WOODSIDE	CA	94062

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.126867

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶

3950.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL SHANNON

Mailing Address **N57W30816 LAKEWOOD DRIVE**

City **HARTLAND** State **WI** Zip Code **53029**

FEC ID number of contributing federal political committee. **C**

Name of Employer **FIS** Occupation **GENERAL MGR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.126869

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
SUSAN SHANNON

Mailing Address **3657 BIRCHWOOD ROAD**

City **SAUKVILLE** State **WI** Zip Code **53080**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128730

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
THOMAS SHANNON

Mailing Address **3657 BIRCHWOOD ROAD**

City **SAUKVILLE** State **WI** Zip Code **53080**

FEC ID number of contributing federal political committee. **C**

Name of Employer **F** Occupation **INVESTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126871

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional)..... **6400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS SHANNON

Mailing Address 3657 BIRCHWOOD ROAD

City State Zip Code
SAUKVILLE WI 53080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-2700.00

Transaction ID : SA17A.128728

Date of Receipt
M M / D D / Y Y Y Y
06 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DANIEL SHAPIRO

Mailing Address 1365 WOODLAND LANE

City State Zip Code
RIVERWOODS IL 60015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126873

Date of Receipt
M M / D D / Y Y Y Y
08 / 28 / 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
LESLIE SHAPIRO

Mailing Address 845 KIMBALLWOOD LANE

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126875

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NATE SHAPIRO

Mailing Address 1661 RYDERS LANE

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SF INVESTMENTS, INC PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126877

Date of Receipt
MM / DD / YYYY
07 / 16 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
NATE SHAPIRO

Mailing Address 1661 RYDERS LANE

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SF INVESTMENTS, INC PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128824

Date of Receipt
MM / DD / YYYY
07 / 16 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RANDY SHAPIRO

Mailing Address 1661 RYDERS LANE

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128826

Date of Receipt
MM / DD / YYYY
07 / 16 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEVEN A SHAPIRO

Mailing Address **845 KIMBALLWOOD LN**

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SF INVESTMENTS PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126879

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
STEVEN A SHAPIRO

Mailing Address **845 KIMBALLWOOD LN**

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SF INVESTMENTS PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126880

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MOE SHARIFKHAN

Mailing Address **833 PARK PLACE DRIVE**

City State Zip Code
MENDOTA HEIGH MN 55118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.126882

Date of Receipt
M M / D D / Y Y Y Y
08 20 2015

REATTRIBUTION REQUESTED

Amount of Each Receipt this Period
5000.00

Subtotal Of Receipts This Page (optional)..... **10400.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DEREK SHASHEK

Mailing Address **9106 FRUIT ROAD**

City	State	Zip Code
EDWARDSVILLE	IL	62025

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CASSIE TRANSPORT	AUTO LIG.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126884

Date of Receipt
M M / D D / Y Y Y Y
 / /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ALAN SHAW

Mailing Address **5 HAMBLETONIAN DR**

City	State	Zip Code
COLTS NECK	NJ	07722

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126885

Date of Receipt
M M / D D / Y Y Y Y
 / /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ALAN SHAW

Mailing Address **5 HAMBLETONIAN DR**

City	State	Zip Code
COLTS NECK	NJ	07722

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126886

Date of Receipt
M M / D D / Y Y Y Y
 / /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN SHAW

Mailing Address 7825 LA BARRINGTON BLVD

City	State	Zip Code
POWELL	TN	37849

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126888

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

B. Full Name (Last, First, Middle Initial)
ROBERT SHAW

Mailing Address 2084 GILLEN LN

City	State	Zip Code
FALLS CHURCH	VA	22043

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JPMORGAN	RISK DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126890

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
ROBERT SHAW

Mailing Address 2084 GILLEN LN

City	State	Zip Code
FALLS CHURCH	VA	22043

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
JPMORGAN	RISK DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126891

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANN H SHEA

Mailing Address **711 N WEBSTER AVE**

City	State	Zip Code
DE PERE	WI	54115

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.126893

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period
 _____ 1000.00

B. Full Name (Last, First, Middle Initial)
MARGARET SHEA

Mailing Address **1118 BARRINGTON PL**

City	State	Zip Code
MISHAWAKA	IN	46545

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.126895

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			30			2015			

Amount of Each Receipt this Period
 _____ 300.00

C. Full Name (Last, First, Middle Initial)
MARGARET SHEA

Mailing Address **1118 BARRINGTON PL**

City	State	Zip Code
MISHAWAKA	IN	46545

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 600.00

Transaction ID : SA17A.126896

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			04			2015			

Amount of Each Receipt this Period
 _____ 300.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1600.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD SHEA

Mailing Address **275 CENTRAL PARK WEST 14B**

City State Zip Code
NEW YORK NY 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126898

Date of Receipt
M M / D D / Y Y Y Y
06 18 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRENDAN J SHEAHAN

Mailing Address **635 W GLENVIEW AVENUE**

City State Zip Code
OCONOMOWOC WI 53006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DARWIN REALTY BROKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.126900

Date of Receipt
M M / D D / Y Y Y Y
09 14 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
JACK D SHEEHAN

Mailing Address **2985 NASSAU DR**

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126902

Date of Receipt
M M / D D / Y Y Y Y
07 21 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **800.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN SHEEHAN

Mailing Address 9075 N RANGE LINE ROAD

City	State	Zip Code
RIVER HILLS	WI	53217

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
BEECHWOOD SALES AND SERVICE	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126904

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	5

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
BARBARA SHELDON

Mailing Address 211 ANDERSON DR

City	State	Zip Code
ANTIGO	WI	54409

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126906

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
BARBARA SHELDON

Mailing Address 211 ANDERSON DR

City	State	Zip Code
ANTIGO	WI	54409

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126907

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THEORA SHELLEY

Mailing Address 10624 E TERRA DR

City State Zip Code
SCOTTSDALE AZ 85258

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126909

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
PRESTON SHELTON

Mailing Address P.O. BOX 13136

City State Zip Code
FT LAUDERDALE FL 33316

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PORT EVERGLADES PILOT ASSOC HARBOR PILOT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126910

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
HEATHER SHELMT

Mailing Address 184 E 64TH STREET, FL 3

City State Zip Code
NEW YORK NY 10065

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126912

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TOM SHEPHERD

Mailing Address 918 BREAKWATER DRIVE

City State Zip Code
FORT COLLINS CO 80525

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126914

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
JOHN SHEPLEY

Mailing Address 10426 WHITE BRIDGE LN

City State Zip Code
SAINT LOUIS MO 63141

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.126916

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
220.00

C. Full Name (Last, First, Middle Initial)
DONALD C SHERMAN

Mailing Address 9475 N SNAKE RIVER DR

City State Zip Code
JACKSON WY 83001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126918

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 3170.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELLEN SHERRED

Mailing Address **86 W NURSERY RD**

City **SANTA ROSA BEACH** State **FL** Zip Code **32459**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Transaction ID : SA17A.126920

Date of Receipt
 M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
ELLEN SHERRED

Mailing Address **86 W NURSERY RD**

City **SANTA ROSA BEACH** State **FL** Zip Code **32459**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 750.00

Transaction ID : SA17A.126921

Date of Receipt
 M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER SHERRY

Mailing Address **1260 CANDLEWOOD COURT**

City **DOWNERS GROVE** State **IL** Zip Code **60515**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SAF-T-LOK INTERNATIONAL** Occupation **MANAGER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Transaction ID : SA17A.126923

Date of Receipt
 M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
 500.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES SHIBLEY

Mailing Address 235 OLSON WAY UNIT 619

City	State	Zip Code
SUNNYVALE	CA	94086

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126924

Date of Receipt

M M / D D / Y Y Y Y
09 / 07 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ANITA M SHIPPEN

Mailing Address 3005 PACES LAKE CT SE

City	State	Zip Code
ATLANTA	GA	30339

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126926

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
WILLIAM D SHIRKEY

Mailing Address 20756 COBBLESTONE LANE

City	State	Zip Code
DUBUQUE	IA	52001

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.126928

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL J SHOCKLEY

Mailing Address 11107 101ST PL NE

City State Zip Code
KIRKLAND WA 98033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.126930

Date of Receipt

07 / **17** / **2015**

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
MARK SHOEN

Mailing Address 715 S COUNTRY CLUB DRIVE, SUITE D

City State Zip Code
MESA AZ 85210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126932

Date of Receipt

07 / **27** / **2015**

SEE REDESIGNATION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
MARK SHOEN

Mailing Address 715 S COUNTRY CLUB DRIVE, SUITE D

City State Zip Code
MESA AZ 85210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128876

Date of Receipt

07 / **27** / **2015**

SEE REDESIGNATION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK SHOEN

Mailing Address 715 S COUNTRY CLUB DRIVE, SUITE D

City	State	Zip Code
MESA	AZ	85210

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.128877

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

REDESIGNATED

Amount of Each Receipt this Period
 _____ 2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MARK SHOEN

Mailing Address 715 S COUNTRY CLUB DRIVE, SUITE D

City	State	Zip Code
MESA	AZ	85210

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 7400.00

Transaction ID : SA17A.126933

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

SEE TO BE REFUNDED

Amount of Each Receipt this Period
 _____ 2000.00

C. Full Name (Last, First, Middle Initial)
MARK SHOEN

Mailing Address 715 S COUNTRY CLUB DRIVE, SUITE D

City	State	Zip Code
MESA	AZ	85210

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.128878

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	5

TO BE REFUNDED

Amount of Each Receipt this Period
 _____ -2000.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ _____ 2000.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1491 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) MARK SHOEN			Transaction ID : SA17A.128879																						
Mailing Address 715 S COUNTRY CLUB DRIVE, SUITE D			Date of Receipt																						
			<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>08</td><td></td><td></td><td>25</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	08			25			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
08			25			2015																			
City State Zip Code MESA AZ 85210			REFUNDED																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period																						
Name of Employer Occupation RETIRED RETIRED			0.00																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼																						
			5400.00																						

B. Full Name (Last, First, Middle Initial) DONNA SHOFF			Transaction ID : SA17A.126935																						
Mailing Address 151 OAK ROAD			Date of Receipt																						
			<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>07</td><td></td><td></td><td>31</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	07			31			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
07			31			2015																			
City State Zip Code CONESTOGA PA 17516			Amount of Each Receipt this Period																						
FEC ID number of contributing federal political committee. C			500.00																						
Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED																									
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼																						
			500.00																						

C. Full Name (Last, First, Middle Initial) DEAN SHORT			Transaction ID : SA17A.126937																						
Mailing Address 320 PREMIER CT S			Date of Receipt																						
			<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>07</td><td></td><td></td><td>24</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	07			24			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
07			24			2015																			
City State Zip Code FRANKLIN TN 37067			Amount of Each Receipt this Period																						
FEC ID number of contributing federal political committee. C			1000.00																						
Name of Employer Occupation SURGICOR OWNER																									
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼																						
			1000.00																						

Subtotal Of Receipts This Page (optional).....▶ **1500.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAMELA SHOVERS

Mailing Address 1071 E. THORNE LANE

City State Zip Code
FOX POINT WI 53217

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.126939

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
PAMELA SHOVERS

Mailing Address 1071 E. THORNE LANE

City State Zip Code
FOX POINT WI 53217

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Transaction ID : SA17A.126940

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Receipt this Period
 2700.00

C. Full Name (Last, First, Middle Initial)
SHERRON SHULL

Mailing Address 20715 N CALHOUN LN

City State Zip Code
NINE MILE FAL WA 99026

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.126942

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period
 250.00

Subtotal Of Receipts This Page (optional)..... 5650.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BETH SHULLY

Mailing Address 2309 W LAGOON CT

City State Zip Code
MEQUON WI 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SHULLY'S CUISINE & EVENTS EVENT PLANNER/FEMALE OWNER CATERII

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126944

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
ALLEN SIDOR

Mailing Address 38 SAN SIMEON

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CDS MOVING EQUIPMENT, INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126946

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ALLEN SIDOR

Mailing Address 38 SAN SIMEON

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CDS MOVING EQUIPMENT, INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17A.126947

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) MARILYN SILINEY Mailing Address 11 MARY ELLEN WAY City BLOOMINGTON State IL Zip Code 61701 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.126955 Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
B. Full Name (Last, First, Middle Initial) JOHN SILLIMAN Mailing Address 16 JARDINE LN City LINCOLN PARK State NJ Zip Code 07035 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer WGHT RADIO Occupation MANAGER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.126957 Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
C. Full Name (Last, First, Middle Initial) JOHN SILSETH Mailing Address 15815 CHOCTAW TRAIL City BROOKFIELD State WI Zip Code 53005 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		Transaction ID : SA17A.126959 Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) KAYLEN M SILVERBERG Mailing Address 5501 CUESTA VERDE City AUSTIN State TX Zip Code 78746 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>			Transaction ID : SA17A.126961 Date of Receipt <input type="text" value="09"/> / <input type="text" value="04"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="2700.00"/>
B. Full Name (Last, First, Middle Initial) JEFFREY SILVERMAN Mailing Address 1445 16TH STREET #1102 City MIAMI BEACH State FL Zip Code 33139 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>			Transaction ID : SA17A.126963 Date of Receipt <input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="2700.00"/>
C. Full Name (Last, First, Middle Initial) JOE SILVERMAN Mailing Address 3430 VALEMONT ST City SAN DIEGO State CA Zip Code 92106-2433 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>			Transaction ID : SA17A.126965 Date of Receipt <input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) MARY KAY SILVERMAN Mailing Address 132 E. DELAWARE PL APT. 6602 City CHICAGO State IL Zip Code 60611 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		Transaction ID : SA17A.126967 Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
B. Full Name (Last, First, Middle Initial) JOHN SIMMONDS Mailing Address 136 BROMLEY PARK LANE City FRANKLIN State TN Zip Code 37069 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		Transaction ID : SA17A.126969 Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
C. Full Name (Last, First, Middle Initial) ANNETTE SIMMONS Mailing Address 5915 DELOACHE City DALLAS State TX Zip Code 75225 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		Transaction ID : SA17A.126971 Date of Receipt M M / D D / Y Y Y Y 09 / 02 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RAYMOND SIMON

Mailing Address 3309 WORTHINGTON DR

City State Zip Code
MODESTO CA 95350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126978

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
PATRICE SIMONSEN

Mailing Address 17891 OLD WINEMASTER

City State Zip Code
POWAY CA 92064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CORVA LLC HEALTHCARE EXEC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126980

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
BARBARA SIMONSON

Mailing Address M535 CAYMAN STREET

City State Zip Code
MARSHFIELD WI 54449

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CENTURY 21 GOLD KEY REALTY INC REALTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.126982

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

275.00

Subtotal Of Receipts This Page (optional).....▶ 5675.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
J. SINGELTARY

Mailing Address 162 SEAY RD

City State Zip Code
FAYETTEVILLE GA 30215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126989

Date of Receipt

M M / D D / Y Y Y Y
07 30 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ALVIN SINGER

Mailing Address 475 LAUREL AVENUE APT F

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126991

Date of Receipt

M M / D D / Y Y Y Y
08 17 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
ALVIN SINGER

Mailing Address 475 LAUREL AVENUE APT F

City State Zip Code
HIGHLAND PARK IL 60035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.126992

Date of Receipt

M M / D D / Y Y Y Y
08 31 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **5650.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BALVINDER SINGH

Mailing Address **2430 BENNETT**

City State Zip Code
TUSTIN CA 92782

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.126994

Date of Receipt
M M / D D / Y Y Y Y
08 05 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
CYNTHIA SINOR

Mailing Address **20 OAK LEDGE LN**

City State Zip Code
WILTON CT 06897

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126996

Date of Receipt
M M / D D / Y Y Y Y
07 18 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CYRUS SINOR

Mailing Address **1856 CENTRAL AVENUE**

City State Zip Code
SULLIVANS ISLAND SC 29482

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IPW CONSTRUCTION BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.126998

Date of Receipt
M M / D D / Y Y Y Y
07 20 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **3200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEANNE SINQUEFIEL

Mailing Address 244 BENT WALNUT LN

City WESTPHALIA State MO Zip Code 65085

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127000

Date of Receipt
MM / DD / YYYY
07 / 29 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JEANNE SINQUEFIEL

Mailing Address 244 BENT WALNUT LN

City WESTPHALIA State MO Zip Code 65085

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127001

Date of Receipt
MM / DD / YYYY
07 / 29 / 2015

REATTRIBUTED; SEE REDESIGNATION

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JEANNE SINQUEFIEL

Mailing Address 244 BENT WALNUT LN

City WESTPHALIA State MO Zip Code 65085

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127002

Date of Receipt
MM / DD / YYYY
07 / 29 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEANNE SINQUEFIEL

Mailing Address **244 BENT WALNUT LN**

City **WESTPHALIA** State **MO** Zip Code **65085**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127003

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
REX A SINQUEFIEL

Mailing Address **244 BENT WALNUT LN**

City **WESTPHALIA** State **MO** Zip Code **65085**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.127005

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period
10800.00

C. Full Name (Last, First, Middle Initial)
REX A SINQUEFIEL

Mailing Address **244 BENT WALNUT LN**

City **WESTPHALIA** State **MO** Zip Code **65085**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.127006

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **10800.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
REX A SINQUEFIEL

Mailing Address **244 BENT WALNUT LN**

City **WESTPHALIA** State **MO** Zip Code **65085**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127007

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
REX A SINQUEFIEL

Mailing Address **244 BENT WALNUT LN**

City **WESTPHALIA** State **MO** Zip Code **65085**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.127008

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
EDWARD SIPPEL

Mailing Address **7 HOLLYTREE LANE**

City **GLEN COVE** State **NY** Zip Code **11542**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127010

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional)..... **300.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD SIRE

Mailing Address 2448 YAJOME ST

City	State	Zip Code
NAPA	CA	94558

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
R.L. SIRE AND COMPANY, CPAS	CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127011

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RICHARD SIRE

Mailing Address 2448 YAJOME ST

City	State	Zip Code
NAPA	CA	94558

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
R.L. SIRE AND COMPANY, CPAS	CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127012

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JOHN SITES

Mailing Address 209 LONG NECK POINT

City	State	Zip Code
DARIEN	CT	06820

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WEXFORD CAPITAL LP	INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127014

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE SKAKEL

Mailing Address **81 HOLLY HILL LANE**

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127016

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THOMAS F SKEHAN

Mailing Address **933 STREAM VIEW LANE**

City State Zip Code
YORK PA 17403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127018

Date of Receipt
M M / D D / Y Y Y Y
08 14 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RONALD SKELTON

Mailing Address **1839 ALTA VISTA AVE**

City State Zip Code
WAUWATOSA WI 53213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127020

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional)..... **2300.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LAURA SKOGMAN

Mailing Address **2205 PEBBLE CREEK DRIVE**

City	State	Zip Code
MARION	IA	52302

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127027

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
LAURA SKOGMAN

Mailing Address **2205 PEBBLE CREEK DRIVE**

City	State	Zip Code
MARION	IA	52302

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127028

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DAVID SKOMBA

Mailing Address **10231 RALEIGH TAVERN LANE**

City	State	Zip Code
ELLCOTT CITY	MD	21042

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127030

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN SKOUG

Mailing Address **7801 WOODBINE LANE**

City **WAUSAU** State **WI** Zip Code **54401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MARATHON CHEESE CORPORATION** Occupation **CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127032

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
NANCY SKOUG

Mailing Address **7801 WOODBINE LN**

City **WAUSAU** State **WI** Zip Code **54401**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127034

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
IRVIN SLABACH

Mailing Address **8731 WINCHESTER ROAD**

City **FORT WAYNE** State **IN** Zip Code **46819**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127036

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **3950.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
IRVIN SLABACH

Mailing Address **8731 WINCHESTER ROAD**

City State Zip Code
FORT WAYNE IN 46819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.127037

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Amount of Each Receipt this Period

100.00									
---------------	--	--	--	--	--	--	--	--	--

B. Full Name (Last, First, Middle Initial)
CLIFF SLATER

Mailing Address **3105 PACIFIC HEIGHTS ROAD**

City State Zip Code
HONOLULU HI 96813

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.127038

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	5

Amount of Each Receipt this Period

200.00									
---------------	--	--	--	--	--	--	--	--	--

C. Full Name (Last, First, Middle Initial)
SUSAN SLATER

Mailing Address **4029 W LE MONT BLVD**

City State Zip Code
MEQUON WI 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DELTA AIR LINES FLIGHT ATTENDANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127039

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

100.00									
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Subtotal Of Receipts This Page (optional).....▶ **400.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JUDITH SLAWSON

Mailing Address 10540 E FORESTGATE C

City	State	Zip Code
WICHITA	KS	67206

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.127041

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

Amount of Each Receipt this Period
 _____ 250.00

B. Full Name (Last, First, Middle Initial)
GREGORY SLAYTON

Mailing Address 8 LEWIN ROAD

City	State	Zip Code
HANOVER	NH	03755

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
N/A	N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.127043

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			19			2015			

Amount of Each Receipt this Period
 _____ 5400.00

C. Full Name (Last, First, Middle Initial)
JAMES SLEDD

Mailing Address 10314 SAINT ALBAN BL

City	State	Zip Code
HUNTSVILLE	AL	35803

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
NASA MARSHALL SPACE FLIGHT CENTER	AEROSPACE ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.127045

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 5900.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES SLEEPER

Mailing Address 434 LOMA LARGA DRIVE

City SOLANA BEACH State CA Zip Code 92075

FEC ID number of contributing federal political committee. **C**

Name of Employer ICC Occupation SALER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127047

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 28 / 2015

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
LAURA SLEIN

Mailing Address 2362 LAKE VIEW CT

City DELAFIELD State WI Zip Code 53018

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127049

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 29 / 2015

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
KEN SLOVE

Mailing Address 212 SWITCHGRASS DRIVE

City ROUND LAKE State IL Zip Code 60073

FEC ID number of contributing federal political committee. **C**

Name of Employer LOVIN OVEN CAKERY LLC Occupation BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127051

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2015

Amount of Each Receipt this Period
 250.00

Subtotal Of Receipts This Page (optional).....▶ 2750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK SMALL

Mailing Address 505 8TH AVENUE S

City State Zip Code
NAPLES FL 34102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CBP PAYROLL SERVICES ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127057

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

SEE REDESIGATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MARK SMALL

Mailing Address 505 8TH AVENUE S

City State Zip Code
NAPLES FL 34102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CBP PAYROLL SERVICES ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127058

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MONICA SMALL

Mailing Address 505 8TH AVENUE SOUTH

City State Zip Code
NAPLES FL 34102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127060

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

REATTRIBUTED; SEE REDESIGATION

Amount of Each Receipt this Period
5400.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MONICA SMALL

Mailing Address 505 8TH AVENUE SOUTH

City State Zip Code
NAPLES FL 34102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127061

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MONICA SMALL

Mailing Address 505 8TH AVENUE SOUTH

City State Zip Code
NAPLES FL 34102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127062

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

REDESINATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
LAWRENCE SMILEY

Mailing Address 2424 EAST 91ST STREET

City State Zip Code
INDIANAPOLIS IN 46240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PLATFORM PRO, INC. SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
240.00

Transaction ID : SA17A.127064

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
240.00

Subtotal Of Receipts This Page (optional).....▶ 240.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) BAKER SMITH		Transaction ID : SA17A.127066	
Mailing Address 3360 EAST TERRELL BRANCH COURT		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2015	
City MARIETTA	State GA	Amount of Each Receipt this Period 1000.00	
Zip Code 30067	FEC ID number of contributing federal political committee. C		
Name of Employer BDO CONSULTING LLC	Occupation MANAGEMENT CONSULTANT	Amount of Each Receipt this Period 1000.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Amount of Each Receipt this Period 1000.00	

B. Full Name (Last, First, Middle Initial) BARBARA SMITH		Transaction ID : SA17A.127068	
Mailing Address 3222 E HAMPSHIRE AVENUE		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2015	
City MILWAUKEE	State WI	Amount of Each Receipt this Period 500.00	
Zip Code 53211	FEC ID number of contributing federal political committee. C		
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	Amount of Each Receipt this Period 500.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00	

C. Full Name (Last, First, Middle Initial) BENSON SMITH		Transaction ID : SA17A.127070	
Mailing Address 1095 MAPLE HILL LANE		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2015	
City MALVERN	State PA	Amount of Each Receipt this Period 500.00	
Zip Code 19355	FEC ID number of contributing federal political committee. C		
Name of Employer TELEFLEX INC	Occupation CEO	Amount of Each Receipt this Period 500.00	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	Amount of Each Receipt this Period 500.00	

Subtotal Of Receipts This Page (optional).....	2000.00
Total This Period (last page this line number only).....	2000.00

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWARD SMITH

Mailing Address **6109 STONEHAVEN DRIVE**

City	State	Zip Code
NASHVILLE	TN	37215

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 350.00

Transaction ID : SA17A.127081

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	27	/	2015

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
GREG SMITH

Mailing Address **290 WAR PATH RD**

City	State	Zip Code
SIX MILE	SC	29682

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.127083

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	03	/	2015

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
GUY SMITH

Mailing Address **N94W17900 APPLETON A**

City	State	Zip Code
MENOMONEE FAL	WI	53051

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
AMERICOR MANAGEMENT SV	PRESIDENT/ CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Transaction ID : SA17A.127085

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	20	/	2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HAROLD SMITH

Mailing Address 200 W MADISON STREET, SUITE 3400

City State Zip Code
CHICAGO IL 60606

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127087

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
HATTON C SMITH

Mailing Address PO BOX 170971

City State Zip Code
BIRMINGHAM AL 35217

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ROYAL CUP COFFEE SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127089

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
HUNTER SMITH

Mailing Address 1160 TENNIS RD

City State Zip Code
CHARLOTTESVIL VA 22901

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127091

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES SMITH

Mailing Address 209 PARK DR

City CHARLES CITY State IA Zip Code 50616-1619

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127093

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JAY SMITH

Mailing Address 185 CORDOBA WAY

City WINDSOR State CA Zip Code 95492

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127094

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KATHRYN SMITH

Mailing Address 14 BALLANTRAE CT

City SAINT LOUIS State MO Zip Code 63131

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127096

Date of Receipt
M M / D D / Y Y Y Y

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LARRY SMITH

Mailing Address 1601 DOVE ST

City	State	Zip Code
NEWPORT BEACH	CA	92660

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
MHI REAL COMPANY	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1250.00

Transaction ID : SA17A.127098

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Amount of Each Receipt this Period

_____	1250.00
-------	---------

B. Full Name (Last, First, Middle Initial)
LECIA SMITH

Mailing Address 3245 LAUREL DR

City	State	Zip Code
BLACKSBURG	VA	24060

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 203.00

Transaction ID : SA17A.127100

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	5

Amount of Each Receipt this Period

_____	203.00
-------	--------

C. Full Name (Last, First, Middle Initial)
MARK SMITH

Mailing Address 13010 E WILDERNESS DRIVE

City	State	Zip Code
GORDON	WI	54838

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.127102

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	5

Amount of Each Receipt this Period

_____	1000.00
-------	---------

Subtotal Of Receipts This Page (optional).....▶ **2453.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MENLO F SMITH

Mailing Address 14 BALLANTRAE CT

City State Zip Code
SAINT LOUIS MO 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SUN MARK CAPITAL CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127104

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
MENLO F SMITH

Mailing Address 14 BALLANTRAE CT

City State Zip Code
SAINT LOUIS MO 63131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SUN MARK CAPITAL CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127105

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MICHAEL SMITH

Mailing Address W94 N17900 APPLETON AVENUE

City State Zip Code
MEQUON WI 53092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMERICOR MANAGEMENT SERVICES LLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127107

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 5900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1525 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) MICHAEL SMITH			Transaction ID : SA17A.127109																						
Mailing Address 406 W CENTRAL AVE			Date of Receipt <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>07</td><td></td><td></td><td>24</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	07			24			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
07			24			2015																			
City MOUNT HOLLY		State NC	Zip Code 28120		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">500.00</td> </tr> </table>	500.00																			
500.00																									
FEC ID number of contributing federal political committee.			<table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																			
C																									
Name of Employer SELF-EMPLOYED		Occupation SELF	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">500.00</td> </tr> </table>			500.00																			
500.00																									
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">500.00</td> </tr> </table>			500.00																			
500.00																									
B. Full Name (Last, First, Middle Initial) MICHAEL SMITH			Transaction ID : SA17A.127110																						
Mailing Address 406 W CENTRAL AVE			Date of Receipt <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>07</td><td></td><td></td><td>29</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	07			29			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
07			29			2015																			
City MOUNT HOLLY		State NC	Zip Code 28120		Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">50.00</td> </tr> </table>	50.00																			
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FEC ID number of contributing federal political committee.			<table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																			
C																									
Name of Employer SELF-EMPLOYED		Occupation SELF	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">50.00</td> </tr> </table>			50.00																			
50.00																									
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">550.00</td> </tr> </table>			550.00																			
550.00																									
C. Full Name (Last, First, Middle Initial) MICHAEL SMITH			Transaction ID : SA17A.127111																						
Mailing Address W94 N17900 APPLETON AVENUE			Date of Receipt <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>08</td><td></td><td></td><td>07</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	08			07			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
08			07			2015																			
City MEQUON		State WI	Zip Code 53092		SEE REDESIGNATION																				
FEC ID number of contributing federal political committee.			<table border="1"> <tr> <td>C</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>			C																			
C																									
Name of Employer AMERICOR MANAGEMENT SERVICES LLC		Occupation ATTORNEY	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10" style="text-align: right;">2300.00</td> </tr> </table>			2300.00																			
2300.00																									
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="10" style="text-align: right;">2800.00</td> </tr> </table>			2800.00																			
2800.00																									

Subtotal Of Receipts This Page (optional).....

2850.00									
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Total This Period (last page this line number only).....

2850.00									
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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL SMITH

Mailing Address **W94 N17900 APPLETON AVENUE**

City **MEQUON** State **WI** Zip Code **53092**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AMERICOR MANAGEMENT SERVICES LLC** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128672

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-100.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MICHAEL SMITH

Mailing Address **W94 N17900 APPLETON AVENUE**

City **MEQUON** State **WI** Zip Code **53092**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AMERICOR MANAGEMENT SERVICES LLC** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2800.00

Transaction ID : SA17A.128673

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

REDESIGNATED

Amount of Each Receipt this Period
100.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MIKE SMITH

Mailing Address **3835 FRESNO ROAD**

City **BROOKFIELD** State **WI** Zip Code **53045**

FEC ID number of contributing federal political committee. **C**

Name of Employer **LINCOLN INDUSTRIAL** Occupation **SALES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127113

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RAY S SMITH

Mailing Address **5 CONROVYSE PARKWAY**

City State Zip Code
ATLANTA GA 30328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THRASHER LISS & SMITH ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127115

Date of Receipt
M M / D D / Y Y Y Y
07 17 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RICHARD H SMITH

Mailing Address **128 SWINLEY FRST**

City State Zip Code
WILLIAMSBURG VA 23188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127117

Date of Receipt
M M / D D / Y Y Y Y
08 06 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
RUSSELL C SMITH

Mailing Address **121 LAKE RD**

City State Zip Code
PORTAGE WI 53901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FERTILITY & NUTRITIONAL COUNCILING VETERINARIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127119

Date of Receipt
M M / D D / Y Y Y Y
07 23 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RUSSELL C SMITH

Mailing Address 121 LAKE RD

City	State	Zip Code
PORTAGE	WI	53901

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
FERTILITY & NUTRITIONAL COUNCILING	VETERINARIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127120

Date of Receipt

M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
SANDRA SMITH

Mailing Address 7169 SW DUNRAVEN LN

City	State	Zip Code
PORT ORCHARD	WA	98367

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127122

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
SCOTT SMITH

Mailing Address 5705 RIVIREA DR

City	State	Zip Code
BENTON	AR	72019

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RIVER VALLEY HORTICULTURAL PRODUCTS	NURSERYMEN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127124

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 1250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM SMITH

Mailing Address 906 SNOWBERRY LN

City State Zip Code
SANIBEL FL 33957

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127131

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
WILSON P SMITH

Mailing Address PO BOX 4688

City State Zip Code
SPARTANBURG SC 29305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LUNG & CHEST MEDICAL ASSOC MEDICAL DOCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127133

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ZACHARY SMITH

Mailing Address 1626 N WINCHESTER AVENUE

City State Zip Code
CHICAGO IL 60622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127135

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
REBECCA SMUGALA-PL

Mailing Address PO BOX 16065

City State Zip Code
CLAYTON MO 63105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DES PERES EMPLOYER NURSE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127137

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MARILYN SMYK

Mailing Address 7 BUNKER HILL AVE

City State Zip Code
STRATHAM NH 03885

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127139

Date of Receipt
M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JIM SNEED

Mailing Address 1121-B BIENVILLE STREET

City State Zip Code
TUPELO MS 38801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AFFORDABLE FURNITURE MFG CO INC FURNITURE MANUFACTURING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127141

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SCOTT SNOW

Mailing Address 6181 RACEL ST

City State Zip Code
LAS VEGAS NV 89131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127147

Date of Receipt

M M / D D / Y Y Y Y
08 11 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM SNYDER

Mailing Address 1805 18TH AVE SE

City State Zip Code
OLYMPIA WA 98501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127149

Date of Receipt

M M / D D / Y Y Y Y
08 09 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JOHN SODERBERG

Mailing Address 550 PINE RIDGE CT

City State Zip Code
NEW RICHMOND WI 54017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIRST NATIONAL COMMUNITY BAN CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127151

Date of Receipt

M M / D D / Y Y Y Y
07 28 2015

Amount of Each Receipt this Period

300.00

Subtotal Of Receipts This Page (optional).....▶ **1050.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT SOERENS

Mailing Address 16415 W WISCONSIN AV

City	State	Zip Code
BROOKFIELD	WI	53005

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SOERENS FORD	AUTO DEALER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2000.00

Transaction ID : SA17A.127153

Date of Receipt

M M / D D / Y Y Y Y
07 / 08 / 2015

Amount of Each Receipt this Period

_____ 2000.00

B. Full Name (Last, First, Middle Initial)
JEFF SOHN

Mailing Address N5764 CTH TT PO BOX 118

City	State	Zip Code
SHEBOYGAN FALLS	WI	53085

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
JSM COMMUNICATIONS, INC	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.127154

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period

_____ 100.00

C. Full Name (Last, First, Middle Initial)
RAY SOILEAU

Mailing Address 14 S BLUFF RD

City	State	Zip Code
CHATTANOOGA	TN	37419

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 403.00

Transaction ID : SA17A.127156

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2015

Amount of Each Receipt this Period

_____ 403.00

Subtotal Of Receipts This Page (optional).....▶ _____ 2503.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEPHEN SOILEAU

Mailing Address 318 BOSWORTH LN

City State Zip Code
NEENAH WI 54956

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SC JOHNSON TOXICOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127158

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
STEPHEN SOILEAU

Mailing Address 318 BOSWORTH LN

City State Zip Code
NEENAH WI 54956

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SC JOHNSON TOXICOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127159

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
J.C. SOLENBERGE

Mailing Address 5 WOOD RD

City State Zip Code
WILMINGTON DE 19806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127161

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWARD SOLESKI

Mailing Address 13613 N GRANDVILLE ROAD

City	State	Zip Code
MEQUON	WI	53097

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127163

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
EDWARD SOLESKI

Mailing Address 13613 N GRANDVILLE ROAD

City	State	Zip Code
MEQUON	WI	53097

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127164

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

C. Full Name (Last, First, Middle Initial)
EDWARD SOLESKI

Mailing Address 13613 N GRANDVILLE ROAD

City	State	Zip Code
MEQUON	WI	53097

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127165

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DANIEL E SOMES

Mailing Address 1850 PASEO DEL LAGO

City State Zip Code
VERO BEACH FL 32967

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127173

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
GLYNDOL R SONES

Mailing Address 990 BAYVIEW AVE

City State Zip Code
PACIFIC GROVE CA 93950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127175

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
CAROLYN M SONNENTAG

Mailing Address PO BOX 435

City State Zip Code
ASTATULA FL 34705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127177

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

Subtotal Of Receipts This Page (optional).....▶ 8600.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CAROLYN M SONNENTAG

Mailing Address PO BOX 435

City State Zip Code
ASTATULA FL 34705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127178

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JOHN SONNENTAG

Mailing Address P.O. BOX 435

City State Zip Code
ASTATULA FL 34705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127180

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
PETER M SONTAG

Mailing Address 2399 HILLCREEK CIR E

City State Zip Code
CLEARWATER FL 33759

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127182

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
300.00

Subtotal Of Receipts This Page (optional).....▶ 300.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PRISCILL SOPCHIK

Mailing Address 5033 N HOLLYWOOD AVE

City State Zip Code
WHITEFISH BAY WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127184

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
HARRY SOPHER

Mailing Address 276 JIM DWIRE RD

City State Zip Code
BRISTOL VT 05443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.127186

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
203.00

C. Full Name (Last, First, Middle Initial)
GARY SORENSON

Mailing Address 7821 E NOPAL AVE

City State Zip Code
MESA AZ 85209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127188

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 703.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY SORENSON

Mailing Address 7821 E NOPAL AVE

City State Zip Code
MESA AZ 85209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127189

Date of Receipt

M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
SHAWN SOSNIK

Mailing Address 2018 LAKE END ROAD

City State Zip Code
MERRICK NY 11566

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127191

Date of Receipt

M M / D D / Y Y Y Y
07 22 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
DONALD SOUKOUP

Mailing Address 2112 HUNTINGTON POIN

City State Zip Code
WAYZATA MN 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127193

Date of Receipt

M M / D D / Y Y Y Y
07 28 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CRAIG SOWER

Mailing Address 1676-3 KASAOKA

City State Zip Code
KASAOKA, OKAYAMA JAPAN ZZ 99999

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SHUJITSU UNIVERSITY PROFESSOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127200

Date of Receipt
M M / D D / Y Y Y Y
06 / 23 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
PAUL SPAIN

Mailing Address 395 W NORTHWEST PKWY #300

City State Zip Code
SOUTHLAKE, TX 76092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127202

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH SPALDING

Mailing Address 724 FOREST AVE.

City State Zip Code
WILMETTE IL 60091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127204

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BEN SPARKMAN

Mailing Address **3917 MCFARLIN BLVD**

City **DALLAS** State **TX** Zip Code **75205**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127211

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JAMES SPEAR

Mailing Address **3725 TOBIAS LANE**

City **LAS VEGAS** State **NV** Zip Code **89120**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SHOWTIME CARWASH INC** Occupation **DIRECTOR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127213

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DAVE SPENCE

Mailing Address **2021 SOUTH WARSON ROAD**

City **ST. LOUIS** State **MO** Zip Code **63124**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127215

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ **4200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AARON SPENCER

Mailing Address **7607 GRANITE AVE**

City	State	Zip Code
ORANGEVALE	CA	95662

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SPENCER BLDG. MA., INC.	PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127217

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
ELIZABET A SPENCER

Mailing Address **PO BOX 1717**

City	State	Zip Code
EAGLE RIVER	WI	54521

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127219

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
KIRK SPESSARD

Mailing Address **1090 ALABAMA STREET**

City	State	Zip Code
SAN FRANCISCO	CA	94110

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127221

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	5

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DOUGLAS SPIKER

Mailing Address 245 CITATION DR

City State Zip Code
HENRIETTA NY 14467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FUNCTION5 TECHNOLOGY GROUP LTD CONTROLLER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127222

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ROBERT SPINDELL

Mailing Address 1626 N PROSPECT AVENUE

City State Zip Code
MILWAUKEE WI 53202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SPINDELL GROUP LLC MERGER & ACQUISITION INTERMEDIARY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1350.00

Transaction ID : SA17A.127224

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ROBERT SPINHIRNE

Mailing Address 1982 RT 73 N

City State Zip Code
LENA IL 61048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127226

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN SPIRES

Mailing Address 307 WINDRIDGE DR

City State Zip Code
WEST MONROE LA 71291

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127228

Date of Receipt

07 / **28** / **2015**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
HORTON SPITZER

Mailing Address PO BOX 1307

City State Zip Code
WILSON WY 83014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.127230

Date of Receipt

07 / **28** / **2015**

Amount of Each Receipt this Period

400.00

C. Full Name (Last, First, Middle Initial)
BRENT ST.JOHN

Mailing Address 336 HAWTHORNE AVE

City State Zip Code
SAINT LOUIS MO 63119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HAMPDEN HOLDINGS LLC MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127232

Date of Receipt

06 / **19** / **2015**

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) DENNIS STAALAND		Transaction ID : SA17A.127234
Mailing Address 10053 RELLSWOOD DRIVE		Date of Receipt M M / D D / Y Y Y Y 08 / 30 / 2015
City BELVIDERE	State IL	Zip Code 61008
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) TIM STACY		Transaction ID : SA17A.127236
Mailing Address 7825 WESTLAND DR		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2015
City KNOXVILLE	State TN	Zip Code 37919
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer SFG	Occupation SALES	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) MARK STALNECKER		Transaction ID : SA17A.127238
Mailing Address 55 SELBORNE DR		Date of Receipt M M / D D / Y Y Y Y 07 / 24 / 2015
City WILMINGTON	State DE	Zip Code 19807
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Subtotal Of Receipts This Page (optional)	1250.00
Total This Period (last page this line number only)	

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KEN STANCLIFF

Mailing Address 11614 OSPREY POINTE BLVD

City	State	Zip Code
CLERMONT	FL	34711

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127240

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			07			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
DAN STANFORD

Mailing Address 1494 UNION STREET, SUITE 107

City	State	Zip Code
SAN DIEGO	CA	92101

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127242

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			16			2015			

Amount of Each Receipt this Period

<input type="text" value="2000.00"/>

C. Full Name (Last, First, Middle Initial)
JOHN STANFORD

Mailing Address 410 13TH AVE N

City	State	Zip Code
SURFSIDE BEACH	SC	29575

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127244

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....▶

<input type="text" value="3500.00"/>

Total This Period (last page this line number only).....▶

<input type="text"/>

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GREG STANGL

Mailing Address PO BOX 29166

City State Zip Code
SAN FRANCISCO CA 94129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PHOENIX ENERGY C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127246

Date of Receipt
M M / D D / Y Y Y Y
06 / 18 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PATRICK STANGL

Mailing Address 6441 ENTERPRISE LANE, STE109

City State Zip Code
MADISON WI 53719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STANGL LAW OFFICES, S.C. ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127248

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PAUL STANGL

Mailing Address 326 CEDAR SAUK ROAD

City State Zip Code
WEST BEND WI 53095

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RAFFEL SYSTEMS SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127250

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN STANKO

Mailing Address 12785 SILVER WOLF RD

City State Zip Code
RENO NV 89511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHAMPION CHEVROLET PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127252

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
RICHARD STANLEY

Mailing Address 5 SUGAR HILL DRIVE

City State Zip Code
NASHUA NH 03063-2819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127254

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROB STANLEY

Mailing Address 1160 E LAKERIDGE DR

City State Zip Code
FAYETTEVILLE AR 72703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINDSEY MANAGEMENT CO., INC. SR. VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127256

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 1000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROB STANLEY

Mailing Address 1160 E LAKERIDGE DR

City State Zip Code
FAYETTEVILLE AR 72703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINDSEY MANAGEMENT CO., INC. SR. VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.127257

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
ROBERT J STANLEY

Mailing Address 2584 N SHADOW CREST DRI

City State Zip Code
FAYETTEVILLE AR 72704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127259

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ROY E STANLEY

Mailing Address 4872 PRESTWICK S CIRCLE

City State Zip Code
FAYETTEVILLE AR 72704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127261

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JANET STANSFIELD HESS			Transaction ID : SA17A.127263																						
Mailing Address 2213 QUARRY LANE			Date of Receipt																						
City ONALASKA State WI Zip Code 54650			<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>07</td><td></td><td></td><td>14</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	07			14			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
07			14			2015																			
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period																						
Name of Employer STANSFIELD VENDING INC		Occupation BUSINESS OWNER	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>500.00</td> </tr> </table>																						500.00
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B. Full Name (Last, First, Middle Initial) BERIT STANTON			Transaction ID : SA17A.127265																						
Mailing Address 116 E 68TH ST #			Date of Receipt																						
City NEW YORK State NY Zip Code 10065			<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>07</td><td></td><td></td><td>31</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	07			31			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
07			31			2015																			
FEC ID number of contributing federal political committee. C			SEE REDESIGNATION																						
Name of Employer HOMEMAKER		Occupation HOMEMAKER	Amount of Each Receipt this Period																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>5400.00</td> </tr> </table>																						5400.00
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C. Full Name (Last, First, Middle Initial) BERIT STANTON			Transaction ID : SA17A.127266																						
Mailing Address 116 E 68TH ST #			Date of Receipt																						
City NEW YORK State NY Zip Code 10065			<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>07</td><td></td><td></td><td>31</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	07			31			2015			
M	M	/	D	D	/	Y	Y	Y	Y																
07			31			2015																			
FEC ID number of contributing federal political committee. C			SEE REDESIGNATION																						
Name of Employer HOMEMAKER		Occupation HOMEMAKER	Amount of Each Receipt this Period																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>-2700.00</td> </tr> </table>																						-2700.00
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			[MEMO ITEM]																						

Subtotal Of Receipts This Page (optional).....	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>5900.00</td> </tr> </table>																				5900.00
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SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BERIT STANTON

Mailing Address 116 E 68TH ST
#

City State Zip Code
NEW YORK NY 10065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127267

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FREDERIK STANTON

Mailing Address 1067 PARK AVENUE, APT 26

City State Zip Code
NEW YORK NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED AUTHOR/FILM MAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127269

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
FREDRIK STANTON

Mailing Address 205 EAST 77TH STREET

City State Zip Code
NEW YORK NY 10075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127271

Date of Receipt
M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JACLYN STARR

Mailing Address **PO BOX 2887**

City **CHELAN** State **WA** Zip Code **98816**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **ELDERCARE PROVIDER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127273

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BRIAN STATHAM

Mailing Address

City **BIRMINGHAM** State **AL** Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.127275

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
WILLIAM STAUBER

Mailing Address **17270 FAIRPLAY DR**

City **MONUMENT** State **CO** Zip Code **80132**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127276

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional)..... **1050.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GAYLORD STAVELEY

Mailing Address 1117 E MARINA LN

City State Zip Code
FLAGSTAFF AZ 86004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CANYONEERS, INC. CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127283

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
GAYLORD STAVELEY

Mailing Address 1117 E MARINA LN

City State Zip Code
FLAGSTAFF AZ 86004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CANYONEERS, INC. CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.127284

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
LAUNA STAYER MAL

Mailing Address 1136 RIVERVIEW DR

City State Zip Code
SHEBOYGAN WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127286

Date of Receipt
M M / D D / Y Y Y Y
07 / 02 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 500.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELIZA STEDMAN

Mailing Address **PO BOX 7**

City State Zip Code
HOUSTON TX 77001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127288

Date of Receipt

07 / 13 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ESTHER STEEGE

Mailing Address **4600 FOREST AVE SE**

City State Zip Code
MERCER ISLAND WA 98040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENTREPRENEUR ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
202.00

Transaction ID : SA17A.127290

Date of Receipt

08 / 17 / 2015

Amount of Each Receipt this Period

202.00

C. Full Name (Last, First, Middle Initial)
RICHARD STEELE

Mailing Address **5034 S 67TH ST**

City State Zip Code
GREENFIELD WI 53220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127292

Date of Receipt

07 / 20 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **702.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID STEFFENS

Mailing Address **602 SOUTH WESTERN ST.**

City State Zip Code
LAKE MILLS IA 50450

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NORSEMEN TRUCKING, INC. EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127294

Date of Receipt
M M / D D / Y Y Y Y
06 22 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
DUANE STEFFES

Mailing Address **2121 TRAYNOR LANE**

City State Zip Code
BISMARCK ND 58504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PROFESSIONAL INSURANCE SERVICES INC. SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127296

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
CHARLES STEIDEL

Mailing Address **10040 E HAPPY VALLEY**

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127298

Date of Receipt
M M / D D / Y Y Y Y
06 28 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANDREA STEIN

Mailing Address 44 WEST 77TH STREET, APT 10E

City State Zip Code
NEW YORK NY 44002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127300

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
JOSHUA STEIN

Mailing Address 501 MADISON AVENUE, SUITE 402

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127301

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
JOSHUA STEIN

Mailing Address 501 MADISON AVENUE, SUITE 402

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.127302

Date of Receipt

M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ 2950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GERALD A STEINKE

Mailing Address 1168 ROLLING LN

City State Zip Code
LAKE GENEVA WI 53147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STATE FUNERAL HOME, INC MORTICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127304

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
AARON STEINMANN

Mailing Address W2885 COUNTY HWY KS / PO BOX 42

City State Zip Code
JUDA WI 53550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
L&S TRUCK SERVICE INC. SERVICE WRITER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127306

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
TOBIAS STEIVANG

Mailing Address 2013 N LAKESHORE DRIVE

City State Zip Code
FONTANA WI 53125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WALWORTH STATE BANK CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127308

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HARRIET STEPHENS

Mailing Address 1 LONGFELLOW PL

City State Zip Code
LITTLE ROCK AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127322

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
WARREN A STEPHENS

Mailing Address 1 LONGFELLOW PL

City State Zip Code
LITTLE ROCK AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127324

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
WARREN A STEPHENS

Mailing Address 1 LONGFELLOW PL

City State Zip Code
LITTLE ROCK AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STEPHENS, INC CHAIRMAN & CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127325

Date of Receipt
MM / DD / YYYY
08 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BARBARA STEPHENSON

Mailing Address **603 HICKORY STREET SE**

City State Zip Code
HARTSELLE AL 35640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127327

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
DONNA STEPHENSON

Mailing Address **PO BOX 43326**

City State Zip Code
ATLANTA GA 30336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127328

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DONNA STEPHENSON

Mailing Address **PO BOX 43326**

City State Zip Code
ATLANTA GA 30336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.127329

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional)..... **5650.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONNA STEPHENSON

Mailing Address PO BOX 43326

City ATLANTA State GA Zip Code 30336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127330

Date of Receipt
MM / DD / YYYY
07 / 13 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DONNA STEPHENSON

Mailing Address PO BOX 43326

City ATLANTA State GA Zip Code 30336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.127331

Date of Receipt
MM / DD / YYYY
07 / 13 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JAMES STEPHENSON

Mailing Address PO BOX 43326

City ATLANTA State GA Zip Code 30336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YANCEY BROS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127332

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES STEPHENSON

Mailing Address PO BOX 43326

City ATLANTA State GA Zip Code 30336

FEC ID number of contributing federal political committee. **C**

Name of Employer YANCEY BROS Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127333

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JAMES STEPHENSON

Mailing Address PO BOX 43326

City ATLANTA State GA Zip Code 30336

FEC ID number of contributing federal political committee. **C**

Name of Employer YANCEY BROS Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.127334

Date of Receipt
MM / DD / YYYY
07 / 13 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
JAMES STEPHENSON

Mailing Address PO BOX 43326

City ATLANTA State GA Zip Code 30336

FEC ID number of contributing federal political committee. **C**

Name of Employer YANCEY BROS Occupation PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127335

Date of Receipt
MM / DD / YYYY
07 / 13 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES STEPHENSON

Mailing Address **PO BOX 43326**

City State Zip Code
ATLANTA GA 30336

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YANCEY BROS PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.127336

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LAWRENCE STEPHENSON

Mailing Address **78 LOCH LEVEN RD.**

City State Zip Code
LIVINGSTON MT 59047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127337

Date of Receipt
M M / D D / Y Y Y Y
08 07 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
SUE ELLE E STEPHENSON

Mailing Address **N7797 LAKESHORE LN**

City State Zip Code
SHERWOOD WI 54169

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127339

Date of Receipt
M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **2800.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEPHEN STEPPE

Mailing Address 54 SERRANO

City State Zip Code
ATHERTON CA 94027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STOCKBRIDGE REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127341

Date of Receipt

07 / **14** / **2015**

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ALLISON STERN

Mailing Address 925 5TH AVENUE

City State Zip Code
NEW YORK NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127343

Date of Receipt

06 / **18** / **2015**

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
ALLISON STERN

Mailing Address 925 5TH AVENUE

City State Zip Code
NEW YORK NY 10021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-2700.00

Transaction ID : SA17A.128744

Date of Receipt

06 / **18** / **2015**

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5650.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWARD STERN

Mailing Address **291 CENTRAL PARK WEST, PENTHOUSE**

City	State	Zip Code
NEW YORK	NY	10024

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127345

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
GERALD F STERN

Mailing Address **N19W22081 FOXVIEW CT**

City	State	Zip Code
WAUKESHA	WI	53186

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127347

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	5

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
LEONARD STERN

Mailing Address **925 5TH AVENUE**

City	State	Zip Code
NEW YORK	NY	10021

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128746

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **3200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MAYNARD STETTEN

Mailing Address 6020 SOUTH HIGHWAY 53

City State Zip Code
SMITHFIELD KY 40068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127348

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
DIANE STEVENS

Mailing Address 10636 HEWITT RD

City State Zip Code
BROOKLYN MI 49230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127350

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JONATHAN STEVENS

Mailing Address PO BOX 353

City State Zip Code
CLARK FORK ID 83811

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127352

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 600.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
VIRGINIA STICKELL

Mailing Address 3619 VICTORY AVE

City	State	Zip Code
LAS VEGAS	NV	89121

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030
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 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030
 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030
 2014 2015 2016

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LAWRENCE STILES

Mailing Address 1505 N CAROLWOOD BLVD

City	State	Zip Code
FERN PARK	FL	32730

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Transaction ID : SA17A.127366

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
EUGENIE STINE

Mailing Address 729 ALBA DRIVE

City	State	Zip Code
ORLANDO	FL	32804

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Transaction ID : SA17A.127368

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
MARK STINEBRINK

Mailing Address N3776 BOWERS ROAD

City	State	Zip Code
LAKE GENEVA	WI	53147

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.127370

Date of Receipt

M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶

1050.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AVERY STIRRATT

Mailing Address 204 INDIAN WATERS DRIVE

City State Zip Code
NEW CANAAN CT 06840

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127372

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
KEITH STOCK

Mailing Address 201 TRESSER BLVD

City State Zip Code
STAMFORD CT 06901

FEC ID number of contributing federal political committee.

Name of Employer Occupation
FIRST FINANCIAL INVESTORS, INC ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127374

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KENNETH STOCK

Mailing Address 4696 GOLDEN POND PARK C

City State Zip Code
ONEIDA WI 54155

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127376

Date of Receipt
M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
R. G STOEPLER

Mailing Address 513 W HARBOUR CREST DR

City	State	Zip Code
CHESNEE	SC	29323

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 235.00

Transaction ID : SA17A.127377

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			11			2015			

Amount of Each Receipt this Period
 _____ 110.00

B. Full Name (Last, First, Middle Initial)
R. G STOEPLER

Mailing Address 513 W HARBOUR CREST DR

City	State	Zip Code
CHESNEE	SC	29323

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 265.00

Transaction ID : SA17A.127378

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

Amount of Each Receipt this Period
 _____ 30.00

C. Full Name (Last, First, Middle Initial)
JOHN STOKER

Mailing Address 12939 N. COBBLESTONE CT.

City	State	Zip Code
MEQUON	WI	53097

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
THE VICTORY COMPANIES OF WISCONSIN, INC.	GENERAL CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.127380

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			30			2015			

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 390.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES E STOKES

Mailing Address 2081 AUGUSTA DRIVE

City State Zip Code
SAN ANGELO TX 76904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127382

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
LINDSEY W STOKES

Mailing Address 5 COVINGTON LN

City State Zip Code
SAINT LOUIS MO 63132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127384

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
TODD STOLPA

Mailing Address 3517 SEQUOIA CIR

City State Zip Code
WAUKESHA WI 53188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
G&V MACHINES QUALITY CONTROL MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127386

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID STONE

Mailing Address **24 LIBERTY STREET**

City State Zip Code
ACTON MA 01720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127388

Date of Receipt
M M / D D / Y Y Y Y
08 25 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
LARRY STONE

Mailing Address **PO BOX 1331**

City State Zip Code
SUN VALLEY ID 83353

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RESTUARANT OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.127390

Date of Receipt
M M / D D / Y Y Y Y
07 23 2015

Amount of Each Receipt this Period
220.00

C. Full Name (Last, First, Middle Initial)
RICHARD STONE

Mailing Address **7212 N SHADELAND AVENUE SUITE 210**

City State Zip Code
INDIANAPOLIS IN 46250

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127392

Date of Receipt
M M / D D / Y Y Y Y
09 08 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **720.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM G STONE

Mailing Address 474 BEACHWOOD DR

City State Zip Code
LEXINGTON SC 29072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.127393

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period

150.00

B. Full Name (Last, First, Middle Initial)
GEORGE STONECLIFF

Mailing Address 10962 NW LUCERNE CT

City State Zip Code
PORTLAND OR 97229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127395

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
CHARLES L STONER

Mailing Address P.O. BOX 129

City State Zip Code
WELCH OK 74369

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127397

Date of Receipt

M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ **900.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD STORMONT

Mailing Address **3747 PEACHTREE RD NE**
7

City **BROOKHAVEN** State **GA** Zip Code **30319**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127399

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WALT STOUFER

Mailing Address **2300 MAPLE AVE #216**

City **TORRANCE** State **CA** Zip Code **90503**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127401

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
STEVE STOUGHTON

Mailing Address **1080 CAMP HILL ROAD**

City **FORT WASHINGTON** State **PA** Zip Code **19034**

FEC ID number of contributing federal political committee. **C**

Name of Employer **WORTH & COMPANY INC** Occupation **MGR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127403

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SHELLEY STOUT

Mailing Address 12411 TOWNE RD

City State Zip Code
CARMEL IN 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.127405

Date of Receipt

M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period

203.00

B. Full Name (Last, First, Middle Initial)
FRANK STOVALL

Mailing Address 4317 RICKENBACKER WAY N

City State Zip Code
ATLANTA GA 30342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127407

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
JACK STOWE

Mailing Address 3305 BOONE DRIVE

City State Zip Code
LAGO VISTA TX 78645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NEWGEN STRATEGIES AND SOLUTIONS CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127409

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 753.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LESLIE STRONG

Mailing Address **8707 GOLDEN GARDENS**

City State Zip Code
SEATTLE WA 98117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127417

Date of Receipt
M M / D D / Y Y Y Y
08 10 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
LESLIE STRONG

Mailing Address **8707 GOLDEN GARDENS**

City State Zip Code
SEATTLE WA 98117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127418

Date of Receipt
M M / D D / Y Y Y Y
08 10 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
LESLIE STRONG

Mailing Address **8707 GOLDEN GARDENS**

City State Zip Code
SEATTLE WA 98117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127419

Date of Receipt
M M / D D / Y Y Y Y
08 10 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PETER STRONG

Mailing Address **8707 GOLDEN GARDENS**

City State Zip Code
SEATTLE WA 98117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COASTAL TRANSPO EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127421

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
PETER STRONG

Mailing Address **8707 GOLDEN GARDENS**

City State Zip Code
SEATTLE WA 98117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COASTAL TRANSPO EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127422

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
PETER STRONG

Mailing Address **8707 GOLDEN GARDENS**

City State Zip Code
SEATTLE WA 98117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COASTAL TRANSPO EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127423

Date of Receipt
M M / D D / Y Y Y Y
07 22 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEPHEN C STRONG

Mailing Address PO BOX 15657

City State Zip Code
SACRAMENTO CA 95852

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127425

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DIANE STROOBANTS

Mailing Address N2731 DRIFTWOOD BEACH R

City State Zip Code
CHILTON WI 53014

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127427

Date of Receipt
M M / D D / Y Y Y Y
08 / 25 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ARCHIE STRUTT

Mailing Address 20685 DALE EVANS PKW

City State Zip Code
APPLE VALLEY CA 92307

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127428

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES W STRZALKA

Mailing Address 3756 N LEAVITT ST

City State Zip Code
CHICAGO IL 60618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127429

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
MARY STULTZ

Mailing Address 262 DEERFIELD CIRCLE

City State Zip Code
KINGWOOD WV 26537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127431

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
MARY STULTZ

Mailing Address 262 DEERFIELD CIRCLE

City State Zip Code
KINGWOOD WV 26537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127432

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT STUMP

Mailing Address 2713 DOUDS RD

City State Zip Code
LIBERTYVILLE IA 52567

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127433

Date of Receipt
M M / D D / Y Y Y Y
08 31 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
WILLIAM STYGAR

Mailing Address 2200 LESTER DRIVE, NE, APT. 484

City State Zip Code
ALBUQUERQUE NM 87112

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127435

Date of Receipt
M M / D D / Y Y Y Y
09 13 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ANNE STYZA

Mailing Address 6395 STATE ROAD 83

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee.

Name of Employer Occupation
HARMONY HOMES, INC. BUILDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127437

Date of Receipt
M M / D D / Y Y Y Y
07 09 2015

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRYCE STYZA

Mailing Address 6395 STATE ROAD 83

City	State	Zip Code
HARTLAND	WI	53029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	BUILDER/DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127439

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
BRYCE STYZA

Mailing Address 6395 STATE ROAD 83

City	State	Zip Code
HARTLAND	WI	53029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	BUILDER/DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127440

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GREGORY SUCHAN

Mailing Address 11607 BUNNELL COURT

City	State	Zip Code
POTOMAC	MD	20854

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
COMMONWEALTH CONSULTING CORPORATION	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127442

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS W SUDBERRY

Mailing Address **5465 MOREHOUSE DR**

City	State	Zip Code
SAN DIEGO	CA	92121

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SUDBERRY PROPERTIES INC	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127444

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
EDWARD A SUGAR

Mailing Address **785 5TH AVE**

City	State	Zip Code
NEW YORK	NY	10022

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
EAS ADVISORS	ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127446

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
HERBERT SUGDEN JR

Mailing Address **17800 SE237TH CT**

City	State	Zip Code
UMATILLA	FL	32784

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127448

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **5650.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KIMBERLY SULLIVAN

Mailing Address **605 N 79TH STREET**

City **WAUWATOSA** State **WI** Zip Code **53213**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127461

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
MARIE SULLIVAN

Mailing Address **5001 CONVICT HILL RD. #307**

City **AUSTIN** State **TX** Zip Code **78749**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127463

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			20			2015			

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
OWEN SULLIVAN

Mailing Address **15 WINDEMERE AVE**

City **STATEN ISLAND** State **NY** Zip Code **10306**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127465

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			31			2015			

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **2250.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANN SUMMER

Mailing Address 8625 BRAESWOOD PT. APT. 6

City State Zip Code
COLORADO SPRINGS CO 80920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127466

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)
ANN SUMMER

Mailing Address 8625 BRAESWOOD PT. APT. 6

City State Zip Code
COLORADO SPRINGS CO 80920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.127467

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
BRET SUMNER

Mailing Address 2325 STRATFORD WAY

City State Zip Code
HIGHLANDS RAN CO 80126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEATTY & WOZNIAK, P.C.L OIL AND GAS ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127469

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEREMIAH SUPPLE

Mailing Address 200 ACACIA

City State Zip Code
LAFAYETTE LA 70508

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127471

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
PATRICK R SUPRISE

Mailing Address 136 PINE CT

City State Zip Code
APPLETON WI 54914

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED FINANCIAL PLANNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127473

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
PATRICK R SUPRISE

Mailing Address 136 PINE CT

City State Zip Code
APPLETON WI 54914

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED FINANCIAL PLANNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127474

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRISTYNE SUTTON OLSON

Mailing Address 2955 MAIN STREET, STE 300

City IRVINE State CA Zip Code 92614

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128733

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			25			2015			

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
KEITH A SVADBA

Mailing Address 403 MANORSTONE LN

City CLARKSVILLE State TN Zip Code 37042

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NORTH CENTRAL INSTITUTE INSTRUCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127481

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			24			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KEITH A SVADBA

Mailing Address 403 MANORSTONE LN

City CLARKSVILLE State TN Zip Code 37042

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NORTH CENTRAL INSTITUTE INSTRUCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127482

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOSEPH D SWANN

Mailing Address **22 CRAIGWOOD CT**

City **GREENVILLE** State **SC** Zip Code **29607**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127489

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	1	5

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
BONNIE J SWANSON

Mailing Address **6500 RIVER MEADOWS TURN**

City **RACINE** State **WI** Zip Code **53402**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127491

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
GERALD R SWANSON

Mailing Address **PO BOX 369**

City **MEDINA** State **WA** Zip Code **98039**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127493

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	5

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **3950.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JANET TAGUE

Mailing Address 15 ALTA MADERA AVE

City	State	Zip Code
CARMEL	CA	93923

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.127518

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

_____ 1000.00

B. Full Name (Last, First, Middle Initial)
JANET TAGUE

Mailing Address 15 ALTA MADERA AVE

City	State	Zip Code
CARMEL	CA	93923

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1100.00

Transaction ID : SA17A.127519

Date of Receipt

M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

_____ 100.00

C. Full Name (Last, First, Middle Initial)
JACK TAKERIAN

Mailing Address 8608 RIVER TERRACE DRIVE

City	State	Zip Code
FRANKLIN	WI	53132

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
YMCA OF MILWAUKEE	CHIEF OPERATING OFFICE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.127521

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period

_____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 2100.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRENDA L TALENT

Mailing Address 1470 COUNTRY LAKE ES

City State Zip Code
CHESTERFIELD MO 63005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SHOW-ME INSTITUTE EXEC. DIRETOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127523

Date of Receipt
MM / DD / YYYY
07 / 29 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
BRENDA L TALENT

Mailing Address 1470 COUNTRY LAKE ES

City State Zip Code
CHESTERFIELD MO 63005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SHOW-ME INSTITUTE EXEC. DIRETOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127524

Date of Receipt
MM / DD / YYYY
07 / 29 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JIM TALENT

Mailing Address 1470 COUNTRY LAKE ES

City State Zip Code
CHESTERFIELD MO 63005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127526

Date of Receipt
MM / DD / YYYY
07 / 29 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
G R TALLEY

Mailing Address 5410 E. 80TH STREET

City State Zip Code
TULSA OK 74136

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PRIMARY NATURAL RESOURCES CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127528

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JANE TANIS

Mailing Address W2251 COUNTRY CLUB LANE

City State Zip Code
EAST TROY WI 53120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
330.00

Transaction ID : SA17A.127530

Date of Receipt

/ /

Amount of Each Receipt this Period

330.00

C. Full Name (Last, First, Middle Initial)
LEONARD TANNENBAUM

Mailing Address 777 WEST PUTNAM AVE., 3RD FL

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FSC CT LLC CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127532

Date of Receipt

/ /

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) STACEY TANNENBAUM			Transaction ID : SA17A.127534
Mailing Address 4 OLD ROUND HILL LANE			Date of Receipt MM / DD / YYYY 06 / 29 / 2015
City GREENWICH	State CT	Zip Code 06831	Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C			
Name of Employer FIFTH STREET	Occupation VP		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2700.00		

B. Full Name (Last, First, Middle Initial) MATTHEW TANNER			Transaction ID : SA17A.127536
Mailing Address 615 LAURER AVENUE			Date of Receipt MM / DD / YYYY 07 / 31 / 2015
City WILMETTE	State IL	Zip Code 60091	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) MAX TANNER			Transaction ID : SA17A.127537
Mailing Address 4128 WALNUT MEADOW LN			Date of Receipt MM / DD / YYYY 08 / 14 / 2015
City DALLAS	State TX	Zip Code 75229	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00		

Subtotal Of Receipts This Page (optional) 3050.00

Total This Period (last page this line number only)

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANTONY TAQUEY

Mailing Address PO BOX 26544

City State Zip Code
WINSTON SALEM NC 27114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.127539

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
203.00

B. Full Name (Last, First, Middle Initial)
BYRON TARNUTZER

Mailing Address PO BOX 8226

City State Zip Code
NEWPORT BEACH CA 92658

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TARNUTZER COMPANIES INVESTMENTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127541

Date of Receipt
M M / D D / Y Y Y Y
06 / 24 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DAVID L TATGE

Mailing Address 4591 BRINEY POINT ROAD

City State Zip Code
LA VERNE CA 91750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.127543

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
220.00

Subtotal Of Receipts This Page (optional).....▶ 673.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LOUIS TAVARES

Mailing Address 13527 LAKE CAWOOD DRIVE

City State Zip Code
WINDERMERE FL 34786

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SCM ASSOCIATES VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2701.00

Transaction ID : SA17A.127544

Date of Receipt

M M / D D / Y Y Y Y
07 15 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
SUE TAVARES

Mailing Address 589 PRATHER ROAD

City State Zip Code
GRIDLEY CA 95948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127546

Date of Receipt

M M / D D / Y Y Y Y
08 07 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
BETHANY TAYLOR

Mailing Address 166 LOON POND RD

City State Zip Code
GILMANTON NH 03237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127548

Date of Receipt

M M / D D / Y Y Y Y
08 04 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **3200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CAROL TAYLOR

Mailing Address **S23W27100 SHANANAGI LN**

City **WAUKESHA** State **WI** Zip Code **53188**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127550

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
CAROLINE TAYLOR

Mailing Address **2 ST SIMONS SQ**

City **GREENSBORO** State **NC** Zip Code **27408**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127552

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CRAIG TAYLOR

Mailing Address **600 N. MARIENFELD, SUITE 1020**

City **MIDLAND** State **TX** Zip Code **79701**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TAYLOR NATURAL RESOURCES, INC.** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.127554

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
2500.00

Subtotal Of Receipts This Page (optional)..... **5450.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

16
19a
 17a
19b
 17b
20a
 17c
20b
 17d
20c
 18
21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DEREK TAYLOR

Mailing Address **7021 N PURDY PKWY**

City **APPLETON** State **WI** Zip Code **54913**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127556

Date of Receipt

07 / **22** / **2015**

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
DON L TAYLOR

Mailing Address **P.O. BOX 648**

City **WAUKESHA** State **WI** Zip Code **53187**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WAUKESHA STATE BANK **BANKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127558

Date of Receipt

06 / **29** / **2015**

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DON L TAYLOR

Mailing Address **P.O. BOX 648**

City **WAUKESHA** State **WI** Zip Code **53187**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WAUKESHA STATE BANK **BANKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3700.00

Transaction ID : SA17A.127559

Date of Receipt

08 / **19** / **2015**

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional)..... **4200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HARRY TAYLOR

Mailing Address 1953 S VIEW DR

City State Zip Code
FORT COLLINS CO 80524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127560

Date of Receipt

M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
HARRY TAYLOR

Mailing Address 1953 S VIEW DR

City State Zip Code
FORT COLLINS CO 80524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.127561

Date of Receipt

M M / D D / Y Y Y Y
08 19 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
JOHN \"ANDY\" TAYLOR

Mailing Address 2404 SW 113TH TERRACE

City State Zip Code
OKLAHOMA CITY OK 73170

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FEDERAL AVIATION ADMIN. MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127563

Date of Receipt

M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **450.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) ROBERT TAYLOR		Transaction ID : SA17A.127565
Mailing Address 307 WINDSOR DR		Date of Receipt MM / DD / YYYY 08 / 20 / 2015
City DEKALB	State IL	Zip Code 60115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) ROBERT TAYLOR		Transaction ID : SA17A.127567
Mailing Address 842 N WILCREST DR		Date of Receipt MM / DD / YYYY 09 / 14 / 2015
City HOUSTON	State TX	Zip Code 77079
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer RG TAYLOR II P.C & ASSOCIATES	Occupation ATTORNEY	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) TY TAYLOR		Transaction ID : SA17A.127569
Mailing Address S40W28091 STATE ROAD		Date of Receipt MM / DD / YYYY 07 / 14 / 2015
City WAUKESHA	State WI	Zip Code 53189
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WAUKESHA STATE BANK	Occupation BANKER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Subtotal Of Receipts This Page (optional).....▶ **1750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM C TAYLOR

Mailing Address 400 LAFAYETTE CLOSE

City State Zip Code
ROSWELL GA 30075

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MIMEDX GROUP PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127571

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
PETER TCHEREPNIN

Mailing Address 125 BROAD ST
N

City State Zip Code
NEW YORK NY 10004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOEB PARTNERS CORP EXECUTIVE VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.127573

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
WILLIAM TEDFORD

Mailing Address 5607 HAWTHORNE ROAD

City State Zip Code
LITTLE ROCK AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127575

Date of Receipt
M M / D D / Y Y Y Y
09 / 07 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 4950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) GREG TEETERS		Transaction ID : SA17A.127577 Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 1651 CAPLIS SLIGO RD City BOSSIER CITY State LA Zip Code 71112		Amount of Each Receipt this Period 1500.00
FEC ID number of contributing federal political committee. C		
Name of Employer SOFTWARE & SERVICES	Occupation CEO	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

B. Full Name (Last, First, Middle Initial) JAMES TEGAN		Transaction ID : SA17A.127579 Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 410 FERNDAL RD N City PLYMOUTH State MN Zip Code 55447		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer TEGAN MARKETING, INC.	Occupation VICE PRESIDENT	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) MICHAEL TEMPEST		Transaction ID : SA17A.127581 Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 4944 S MARILYN DR City HOLLADAY State UT Zip Code 84117		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer ALTA CAPITAL MANAGEMENT	Occupation FINANCE	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Subtotal Of Receipts This Page (optional).....▶ 2000.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE TEMPLETON

Mailing Address 313 BEN FRANKLIN DR.

City	State	Zip Code
SARASOTA	FL	34236

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127583

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

B. Full Name (Last, First, Middle Initial)
ANTHONY TERLATO

Mailing Address 1521 TARA LN

City	State	Zip Code
LAKE FOREST	IL	60045

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
TERALTO WINE GROUP	CHAIRMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127585

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			23			2015			

Amount of Each Receipt this Period

<input type="text" value="2500.00"/>

C. Full Name (Last, First, Middle Initial)
EDWARD M TERRY

Mailing Address 3105 ASHFORD LN

City	State	Zip Code
MADISON	WI	53713

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SVA CERTIFIED PUBLIC	CPA PRINCIPAL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127587

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			07			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) DAVID TESTA Mailing Address 9585 SE 136TH PL City SUMMERFIELD State FL Zip Code 34491 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		Transaction ID : SA17A.127589 Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2015 Amount of Each Receipt this Period <input type="text" value="250.00"/>
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B. Full Name (Last, First, Middle Initial) RICHARD F TESTWUIDE Mailing Address N7863 LAKESIDE PARK ROA City ELKHART LAKE State WI Zip Code 53020 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		Transaction ID : SA17A.127591 Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2015 Amount of Each Receipt this Period <input type="text" value="500.00"/>
---	--	---

C. Full Name (Last, First, Middle Initial) TOM TESTWUIDESR Mailing Address 7103 PROCTOR RD. City SARASOTA State FL Zip Code 34241 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer SKANA ALUMINUM CO. Occupation BUSINESS EXECUTIVE Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		Transaction ID : SA17A.127593 Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
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Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM TETREULT

Mailing Address 186 NASSAU AVE

City State Zip Code
FREEPORT NY 11520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YONKERS YMCA CHRISTIAN AND FAMILY OUTREACH CO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127595

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
WILLIAM TETREULT

Mailing Address 186 NASSAU AVE

City State Zip Code
FREEPORT NY 11520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YONKERS YMCA CHRISTIAN AND FAMILY OUTREACH CO

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127596

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
BARBARA THEBERGE

Mailing Address P.O. BOX 181289

City State Zip Code
CORONADO CA 92178

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NANANADO GROUP OF CORONADO PROPERTY MGMT

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127598

Date of Receipt
M M / D D / Y Y Y Y
06 / 28 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEVE THELEN

Mailing Address 42720 N CONVERSE RD

City	State	Zip Code
ANTIOCH	IL	60002

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
THELEN SAND AND GRAVEL INC.	CORPORATE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127600

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
DONALD THEODORE

Mailing Address 210 N 3RD AVE

City	State	Zip Code
BIG RAPIDS	MI	49307

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127602

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			04			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
WILLIAM THIEDE

Mailing Address 1757 HIDDEN CREEK LN

City	State	Zip Code
BELVIDERE	IL	61008

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
POWMET, INC.	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127604

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) THOMAS THIEMAN		Transaction ID : SA17A.127606 Date of Receipt M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 100 GILBERG ST City NEW BREMEN State OH Zip Code 45869		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

B. Full Name (Last, First, Middle Initial) TOM THIEMAN		Transaction ID : SA17A.127608 Date of Receipt M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 100 GILBERG ST City NEW BREMEN State OH Zip Code 45869		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00

C. Full Name (Last, First, Middle Initial) TOM THIEMAN		Transaction ID : SA17A.127609 Date of Receipt M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 100 GILBERG ST City NEW BREMEN State OH Zip Code 45869		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID THIES

Mailing Address 7250 LEWIS RIDGE PKW

City	State	Zip Code
EDINA	MN	55439

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
THIES & TALLE ENTERPRISES	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.127611

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
PAUL THOMAS

Mailing Address 307 BUCKEYE TRAIL

City	State	Zip Code
AUSTIN	TX	78746

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.127613

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

_____ 500.00

C. Full Name (Last, First, Middle Initial)
TRACY THOMAS

Mailing Address 4521 E CHARLES DR

City	State	Zip Code
PARADISE VALL	AZ	85253

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.127615

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

_____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1000.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GLEND A THOMPSON

Mailing Address 6027 HIGHWAY 261

City MARIANNA State AR Zip Code 72360

FEC ID number of contributing federal political committee. **C**

Name of Employer R.T. TURBINES, INC. Occupation SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127623

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
JAMES THOMPSON

Mailing Address 1214 TULIP TREE LN

City WEST DES MOINES State IA Zip Code 50266

FEC ID number of contributing federal political committee. **C**

Name of Employer STONEY CREEK HOSPITALITY Occupation BUSINESSMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127625

Date of Receipt

M M / D D / Y Y Y Y
06 / 25 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
JAMES THOMPSON

Mailing Address 1214 TULIP TREE LN

City WEST DES MOINES State IA Zip Code 50266

FEC ID number of contributing federal political committee. **C**

Name of Employer STONEY CREEK HOSPITALITY Occupation BUSINESSMAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17A.127626

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES THOMPSON

Mailing Address 12 FAIRWAY VILLAGE LANE

City State Zip Code
ISLE OF PALMS SC 29451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
525.00

Transaction ID : SA17A.127628

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
525.00

B. Full Name (Last, First, Middle Initial)
KAREN THOMPSON

Mailing Address 120 FOXGLEN LN

City State Zip Code
ANDERSONVILLE TN 37705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127629

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
KAREN THOMPSON

Mailing Address 26782 SHOEMAKER RD

City State Zip Code
CIRCLEVILLE OH 43113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
T & D THOMPSON SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127631

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 875.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KENNETH A THOMPSON

Mailing Address 50 STATE RT 206

City State Zip Code
YERINGTON NV 89447

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127633

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

B. Full Name (Last, First, Middle Initial)
KENNETH A THOMPSON

Mailing Address 50 STATE RT 206

City State Zip Code
YERINGTON NV 89447

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127634

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

C. Full Name (Last, First, Middle Initial)
SUSAN THOMPSON

Mailing Address 248 WAGNER RD

City State Zip Code
NORTHFIELD IL 60093

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127636

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LAURA THOMSON

Mailing Address 121 N CROSS ST
APT. 140

City State Zip Code
WHEATON IL 60187

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.127637

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
LAURA THOMSON

Mailing Address 121 N CROSS ST
APT. 140

City State Zip Code
WHEATON IL 60187

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.127638

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
DAVID THORNTON

Mailing Address 13 CIRCLE ROCK DRIVE

City State Zip Code
EPHRATA PA 17522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127640

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 270.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN THORNTON

Mailing Address **S85W32611 JOSHUA DR.**

City **MUKWONAGO** State **WI** Zip Code **53149**

FEC ID number of contributing federal political committee. **C**

Name of Employer **GS GLOBAL RESOURCES, INC.** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127642

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ENOCH THORSGARD

Mailing Address **325 39TH STREET NE**

City **NORTHWOOD** State **ND** Zip Code **58267**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.127643

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
ENOCH THORSGARD

Mailing Address **325 39TH STREET NE**

City **NORTHWOOD** State **ND** Zip Code **58267**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
265.00

Transaction ID : SA17A.127644

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period
55.00

Subtotal Of Receipts This Page (optional)..... **1155.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL THRIFT

Mailing Address 901 WABASH AVENUE, SUIT

City State Zip Code
TERRE HAUTE IN 47807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THOMPSON THRIFT CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127646

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
WILLIAM THROOP

Mailing Address PO BOX 5576

City State Zip Code
CLEARLAKE CA 95422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CALPINE CORPORATION SUPPORT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127648

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KENTON THURMAN

Mailing Address PO BOX 2819

City State Zip Code
KIRKLAND WA 98083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THURMAN INDUSTRIES PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127650

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 3950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TOM THURMAN

Mailing Address **631 RINGWOOD ST**

City State Zip Code
SPRING TX 77373

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YEZAKTECHNICAL SR. STRUCTURAL DESIGNER OIL & GA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127652

Date of Receipt

06 / 30 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ROBERT N. TIBALLI

Mailing Address **PO BOX 5934**

City State Zip Code
ELGIN IL 60121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GERMBUSTERS, P.C. PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127654

Date of Receipt

07 / 28 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
ELIZABETH TILDEN

Mailing Address **1308 SUMMERHILL DRIVE**

City State Zip Code
MALVERN PA 19355

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127656

Date of Receipt

07 / 24 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **1500.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DONALD TILLEY

Mailing Address 14610 WOODLAKE TRACE

City State Zip Code
LOUISVILLE KY 40245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RADIO SOUND, INC. EXECUTIVE/OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127658

Date of Receipt

M M / D D / Y Y Y Y
06 / 29 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
WARNER TILLMAN

Mailing Address 1203 HIGHGATE CT

City State Zip Code
LIBERTYVILLE IL 60048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127659

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

200.00

C. Full Name (Last, First, Middle Initial)
KAREN TIMM

Mailing Address 351 PLOVER ST

City State Zip Code
WISCONSIN RAP WI 54494

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127661

Date of Receipt

M M / D D / Y Y Y Y
08 / 03 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GREGORY TOMCZYK

Mailing Address **8547 KEYSTONE AVE**

City **SKOKIE** State **IL** Zip Code **60076**

FEC ID number of contributing federal political committee. **C**

Name of Employer **BANK OF MONTREAL** Occupation **BANKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127678

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
BARBARA A TOOHEY

Mailing Address **313 NEPTINES BIGHT**

City **NAPLES** State **FL** Zip Code **34103**

FEC ID number of contributing federal political committee. **C**

Name of Employer **TOOHEY ENTERPRISES** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.127680

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
DAVID TOONEN

Mailing Address **2600 GOOD SHEPHERD LANE**

City **GREEN BAY** State **WI** Zip Code **54313**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127682

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1650.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AMY TOWNZEN

Mailing Address **8820 TURNBERRY CT**

City State Zip Code
FORT WORTH TX 76179

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127688

Date of Receipt

09 / 05 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
SID TRANT

Mailing Address **4407 CORINTH DR**

City State Zip Code
MOUNTAIN BRK AL 35213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BRADLEY ARANT BOULT CUMMINGS LLP ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127690

Date of Receipt

08 / 05 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
LAURI H TRAPANI

Mailing Address **669 MIDDLETON DRIVE**

City State Zip Code
FONTANA WI 53125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HUFFINTON DESIGN ASSOCI OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127692

Date of Receipt

08 / 12 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **850.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALLAN C TRASK

Mailing Address **282 FARMINGTON FALLS RD**

City	State	Zip Code
FARMINGTON	ME	04938

FEC ID number of contributing federal political committee. **C**

Name of Employer COCA COLA	Occupation EXECUTIVE
-------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.127694

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

_____	2700.00
-------	---------

B. Full Name (Last, First, Middle Initial)
JOAN TRAYLOR

Mailing Address **2808 COUNTRY CLUB DR**

City	State	Zip Code
PEARLAND	TX	77581

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.127696

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Amount of Each Receipt this Period

_____	250.00
-------	--------

C. Full Name (Last, First, Middle Initial)
DALE TREMBLAY

Mailing Address **716 E EL PRADO**

City	State	Zip Code
SAN ANTONIO	TX	78212

FEC ID number of contributing federal political committee. **C**

Name of Employer C. H. GUENTHER && SON INC	Occupation EXECUTIVE
---	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.127698

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	5

Amount of Each Receipt this Period

_____	1000.00
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Subtotal Of Receipts This Page (optional).....▶ **3950.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BLAIR TREMERE

Mailing Address 2305 LEE AVE N

City	State	Zip Code
MINNEAPOLIS	MN	55422

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127700

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
CARLA TRENT

Mailing Address 324 CHESTNUT HILL CT APT 16

City	State	Zip Code
THOUSAND OAKS	CA	91360

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127702

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
CARLA TRENT

Mailing Address 324 CHESTNUT HILL CT APT 16

City	State	Zip Code
THOUSAND OAKS	CA	91360

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127703

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CARLA TRENT

Mailing Address 324 CHESTNUT HILL CT APT 16

City THOUSAND OAKS State CA Zip Code 91360

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Transaction ID : SA17A.127704

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
HERB TREU

Mailing Address 182 S. CLAY RD.

City VAN DYNE State WI Zip Code 54979

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127706

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
PETER TRIOLO

Mailing Address 118 WOODRIDGE DRIVE

City SAUNDERSTOWN State RI Zip Code 02874

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127708

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 600.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CAROL TROESH

Mailing Address 1370 JET STREAM DR

City Henderson State NV Zip Code 89052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127714

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DENNIS TROESH

Mailing Address 1370 JET STREAM DRIVE
SUITE 100

City Henderson State NV Zip Code 89052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.127716

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period
10800.00

C. Full Name (Last, First, Middle Initial)
DENNIS TROESH

Mailing Address 1370 JET STREAM DRIVE
SUITE 100

City Henderson State NV Zip Code 89052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127717

Date of Receipt
MM / DD / YYYY
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-5400.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 10800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JACQUELINE TRUDELL

Mailing Address 1701 E ROBIN WAY

City State Zip Code
APPLETON WI 54915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127723

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN TRUE

Mailing Address 61425 GOSNEY RD

City State Zip Code
BEND OR 97702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127724

Date of Receipt
M M / D D / Y Y Y Y
09 / 05 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
WILLIAM TRUKENBROD

Mailing Address 977 KIRKHILL LN

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.00

Transaction ID : SA17A.127725

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period
110.00

Subtotal Of Receipts This Page (optional).....▶ 710.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
YVONNE L TSCHUDI

Mailing Address 1885 SAINT ANDREWS D

City MORAGA State CA Zip Code 94556

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127727

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
YVONNE L TSCHUDI

Mailing Address 1885 SAINT ANDREWS D

City MORAGA State CA Zip Code 94556

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.127728

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
YVONNE L TSCHUDI

Mailing Address 1885 SAINT ANDREWS D

City MORAGA State CA Zip Code 94556

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
375.00

Transaction ID : SA17A.127729

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 375.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER TUCKER

Mailing Address 134 HERITAGE CT

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KOFAX INC. NAMED ACCOUNT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127731

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
CHRISTOPHER TUCKER

Mailing Address 134 HERITAGE CT

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KOFAX INC. NAMED ACCOUNT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Transaction ID : SA17A.127732

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER TUCKER

Mailing Address 134 HERITAGE CT

City State Zip Code
GURNEE IL 60031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KOFAX INC. NAMED ACCOUNT MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Transaction ID : SA17A.127733

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARLAND TUCKER

Mailing Address 2327 LAKE DRIVE

City	State	Zip Code
RALEIGH	NC	27609

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
TRIANGLE CAPITAL	C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127738

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2015			

SEE REDESIGNATION

Amount of Each Receipt this Period

<input type="text" value="5400.00"/>

B. Full Name (Last, First, Middle Initial)
GARLAND TUCKER

Mailing Address 2327 LAKE DRIVE

City	State	Zip Code
RALEIGH	NC	27609

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
TRIANGLE CAPITAL	C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128754

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2015			

SEE REDESIGNATION

Amount of Each Receipt this Period

<input type="text" value="-2700.00"/>

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GARLAND TUCKER

Mailing Address 2327 LAKE DRIVE

City	State	Zip Code
RALEIGH	NC	27609

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
TRIANGLE CAPITAL	C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128755

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			18			2015			

REDESIGNATED

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARLAND TUCKER

Mailing Address **2327 LAKE DRIVE**

City	State	Zip Code
RALEIGH	NC	27609

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
TRIANGLE CAPITAL	C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.127739

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

5	4	0	0	0	0
---	---	---	---	---	---

B. Full Name (Last, First, Middle Initial)
GARLAND TUCKER

Mailing Address **2327 LAKE DRIVE**

City	State	Zip Code
RALEIGH	NC	27609

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
TRIANGLE CAPITAL	C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
13500.00

Transaction ID : SA17A.127740

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

Amount of Each Receipt this Period

2	7	0	0	0	0
---	---	---	---	---	---

C. Full Name (Last, First, Middle Initial)
GARLAND TUCKER

Mailing Address **2327 LAKE DRIVE**

City	State	Zip Code
RALEIGH	NC	27609

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
TRIANGLE CAPITAL	C.E.O.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.127741

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	5

CHARGEBACK

Amount of Each Receipt this Period

-	2	7	0	0	0
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Subtotal Of Receipts This Page (optional).....▶ **5400.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GREYSON TUCKER

Mailing Address 2327 LAKE DRIVE

City State Zip Code
RALEIGH NC 27609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128757

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
5400.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
GREYSON TUCKER

Mailing Address 2327 LAKE DRIVE

City State Zip Code
RALEIGH NC 27609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128758

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
GREYSON TUCKER

Mailing Address 2327 LAKE DRIVE

City State Zip Code
RALEIGH NC 27609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128759

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JACK E TURNER

Mailing Address 2326 SW 122ND ST

City State Zip Code
OKLAHOMA CITY OK 73170

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128725

Date of Receipt
MM / DD / YYYY
08 / 19 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JACK E TURNER

Mailing Address 2326 SW 122ND ST

City State Zip Code
OKLAHOMA CITY OK 73170

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128726

Date of Receipt
MM / DD / YYYY
08 / 19 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JACK E TURNER

Mailing Address 2326 SW 122ND ST

City State Zip Code
OKLAHOMA CITY OK 73170

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6900.00

Transaction ID : SA17A.127760

Date of Receipt
MM / DD / YYYY
09 / 03 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
1500.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JACK E TURNER

Mailing Address 2326 SW 122ND ST

City State Zip Code
OKLAHOMA CITY OK 73170

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127761

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-1500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JACK E TURNER

Mailing Address 2326 SW 122ND ST

City State Zip Code
OKLAHOMA CITY OK 73170

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6900.00

Transaction ID : SA17A.127762

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

REDESIGNATED

Amount of Each Receipt this Period
1500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARGARET TURNER

Mailing Address 175 OCEAN AVE.

City State Zip Code
BREEZY POINT NY 11697

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEARTSHAREST.VINCENT'SSERVICES MEDICAL CASE MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127764

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MIN TURNER

Mailing Address **820 SHALLOWFORD ROAD**

City State Zip Code
KENNSAW GA 30144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IPT SINK COMPANY PARTNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127770

Date of Receipt
M M / D D / Y Y Y Y
07 09 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PHYLLIS D TURNER

Mailing Address **175 VILLA LN.**

City State Zip Code
TERRE HAUTE IN 47802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127772

Date of Receipt
M M / D D / Y Y Y Y
08 20 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
DALE TURNIDGE

Mailing Address **PO BOX 3820**

City State Zip Code
SALEM OR 97302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127774

Date of Receipt
M M / D D / Y Y Y Y
07 30 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ **1500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHRISTOPHER TUTTLE

Mailing Address 6419 13TH STREET

City State Zip Code
ALEXANDRIA VA 22307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COUNCIL ON FOREIGN RELATIONS DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127776

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
PAUL V TUTTLE

Mailing Address 5210 BLACKSTOCK RD

City State Zip Code
SHEBOYGAN WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AURORA SHEBOYGA PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127778

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NEIL TWILLA

Mailing Address PO BOX 10964

City State Zip Code
MURFREESBORO TN 37129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127780

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 4200.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID TWYVER

Mailing Address 949 NW OVERTON ST - UNIT 312

City State Zip Code
PORTLAND OR 97209

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127782

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CAMM TYLER

Mailing Address 6010 BREMO RD

City State Zip Code
RICHMOND VA 23226

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SWI DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.105857

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CAMM TYLER

Mailing Address 6010 BREMO RD

City State Zip Code
RICHMOND VA 23226

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SWI DEVELOPER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.105903

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES R TYLER

Mailing Address 2409 CHESTNUT ST APT 16

City ATLANTIC State IA Zip Code 50022

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127784

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JAMES R TYLER

Mailing Address 2409 CHESTNUT ST APT 16

City ATLANTIC State IA Zip Code 50022

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127785

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES R TYLER

Mailing Address 2409 CHESTNUT ST APT 16

City ATLANTIC State IA Zip Code 50022

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127786

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GREG UHEN

Mailing Address **2775 W. BRADLEY RD**

City **RIVER HILLS** State **WI** Zip Code **53217**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EPPSTEIN UHEN ARCHITECTS** Occupation **ARCHITECT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127788

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
ELIZABET A UIHLEIN

Mailing Address **1396 N WAUKEGAN ROAD**

City **LAKE FOREST** State **IL** Zip Code **60045**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ULINE, INC.** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127790

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
ELIZABET A UIHLEIN

Mailing Address **1396 N WAUKEGAN ROAD**

City **LAKE FOREST** State **IL** Zip Code **60045**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ULINE, INC.** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127791

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELIZABET A UIHLEIN

Mailing Address 1396 N WAUKEGAN ROAD

City	State	Zip Code
LAKE FOREST	IL	60045

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ULINE, INC.	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127792

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

REDESIGNATED

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LUCIA UIHLEIN

Mailing Address 715 LANDS END DR

City	State	Zip Code
LONGBOAT KEY	FL	34228

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127794

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
RICHARD E UIHLEIN

Mailing Address 1396 N WAUKEGAN ROAD

City	State	Zip Code
LAKE FOREST	IL	60045

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ULINE	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127796

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

SEE REDESIGNATION

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD E UIHLEIN

Mailing Address 1396 N WAUKEGAN ROAD

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ULINE OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127797

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICHARD E UIHLEIN

Mailing Address 1396 N WAUKEGAN ROAD

City State Zip Code
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ULINE OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127798

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RICH ULLSMITH

Mailing Address P.O. BOX 1222

City State Zip Code
FERNDAL WA 98248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127800

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEFFREY ULRICH

Mailing Address 3766 ALEXANDRIA COURT

City State Zip Code
WOODBURY MN 55129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.127802

Date of Receipt
MM / DD / YYYY
08 / 20 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NATHALIE A ULRICH

Mailing Address 3766 ALEXANDRIA COURT

City State Zip Code
WOODBURY MN 55129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.127804

Date of Receipt
MM / DD / YYYY
08 / 20 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
NATHALIE A ULRICH

Mailing Address 3766 ALEXANDRIA COURT

City State Zip Code
WOODBURY MN 55129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.127805

Date of Receipt
MM / DD / YYYY
08 / 20 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2500.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT J ULRICH

Mailing Address 5400 LONDONDERRY ROAD

City	State	Zip Code
EDINA	MN	55436

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127807

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

B. Full Name (Last, First, Middle Initial)
THOMAS ULRICH

Mailing Address 4420 HAMPSHIRE HILL

City	State	Zip Code
WATERFORD	WI	53185

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127809

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
MATTHEW UMENTUM

Mailing Address 1150 GLORY ROAD

City	State	Zip Code
GREEN BAY	WI	54304

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
ROL-TEC, INC.	PREESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127811

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL UTECH

Mailing Address 10355 SPRINGPOINTE CIR APT D

City	State	Zip Code
MIAMISBURG	OH	45342

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
ROMACK STAFFING	SECURITY ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.127818

Date of Receipt

M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
THOMAS VAHIMBERGEN

Mailing Address 8023 W KENSINGTON DRIVE

City	State	Zip Code
MEQUON	WI	53097

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127820

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DENNIS H VANDENBERG

Mailing Address 1215 N HICKORY FARM

City	State	Zip Code
APPLETON	WI	54914

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
VALLEY CORVETTE	BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127822

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **2050.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES VANDERHIDER

Mailing Address 302 W COWAN

City State Zip Code
HOUSTON TX 77007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENER VEST LTD CFO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127824

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
DON VANDERVELDE

Mailing Address 5409 HUNTWICK DR NW

City State Zip Code
GIG HARBOR WA 98335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127826

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DON VANDERVELDE

Mailing Address 5409 HUNTWICK DRIVE NW

City State Zip Code
GIG HARBOR WA 98335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17A.127828

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period
2000.00

Subtotal Of Receipts This Page (optional).....▶ 7900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) J STEPHE VANDERWOUD		Transaction ID : SA17A.127830	
Mailing Address 510 MEADOWMONT VILLA 3		Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2015	
City CHAPEL HILL	State NC	Zip Code 27517	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer RETIRED	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>		
		Amount of Each Receipt this Period <input type="text" value="1000.00"/>	

B. Full Name (Last, First, Middle Initial) JOEY J VAN DINTER		Transaction ID : SA17A.127832	
Mailing Address PO BOX 754		Date of Receipt M M / D D / Y Y Y Y 08 / 12 / 2015	
City WISCONSIN DEL	State WI	Zip Code 53965	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer VAN DINTER INSURANCE	Occupation INSURANCE AGENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="500.00"/>		
		Amount of Each Receipt this Period <input type="text" value="500.00"/>	

C. Full Name (Last, First, Middle Initial) MARK VANDOREN		Transaction ID : SA17A.127834	
Mailing Address 5453 CARDENO DR		Date of Receipt M M / D D / Y Y Y Y 07 / 28 / 2015	
City LA JOLLA	State CA	Zip Code 92037	
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	
Name of Employer ALLSTARGLASS	Occupation VP OPERATIONS		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <input type="text" value="250.00"/>		
		Amount of Each Receipt this Period <input type="text" value="250.00"/>	

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JAMES VARNELL

Mailing Address 112 MILL PARK CHASE

City State Zip Code
WOODSTOCK GA 30188

FEC ID number of contributing federal political committee.

Name of Employer Occupation
JAMES H VARNELL, INC SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127848

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JOHN R. VASKO

Mailing Address 19411 NE 43RD PL.

City State Zip Code
SAMMAMISH WA 98074-6135

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127850

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
RICHARD VASSELL

Mailing Address 188 KINGS HWY.

City State Zip Code
MOUNT ROYAL NJ 08061

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MCGUIRE INC METAL FABRICATOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127852

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SRIDHAR VASUDEVAN

Mailing Address 5200 UPPER LAKEVIEW RID

City State Zip Code
BELGIUM WI 53004

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127854

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
THERESE H VAUGHN

Mailing Address 2010 WOODHAVEN LN

City State Zip Code
DULUTH MN 55803

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127855

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
THERESE H VAUGHN

Mailing Address 2010 WOODHAVEN LN

City State Zip Code
DULUTH MN 55803

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127856

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GEORGE VAUGHT

Mailing Address **PO BOX 13557**

City State Zip Code
DENVER CO 80201

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127858

Date of Receipt

08 / 03 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
KYLE VAUGHT

Mailing Address **5452 SIERRA ROJA RD**

City State Zip Code
IRVINE CA 92603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127859

Date of Receipt

09 / 15 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
DANIEL VEENHUIS

Mailing Address **N833 WAUBUNSEE TRAIL**

City State Zip Code
FORT ATKINSON WI 53538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EPIC RESINS, INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127861

Date of Receipt

07 / 16 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional)..... **3300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KATHY E VEGHTE

Mailing Address 2459 JONQUIL COURT

City State Zip Code
LAFAYETTE CO 80026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25.00

Transaction ID : SA17A.107144

Date of Receipt
MM / DD / YYYY
08 / 18 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-25.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
RICK VEGHTE

Mailing Address 2459 JONQUIL COURT

City State Zip Code
LAFAYETTE CO 80026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KATHREIN USA ENGINEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
25.00

Transaction ID : SA17A.107146

Date of Receipt
MM / DD / YYYY
08 / 18 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
25.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DAVID VEILE

Mailing Address PO BOX 349

City State Zip Code
WORLAND WY 82401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VEILE MORTUARY FUNERAL DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127863

Date of Receipt
MM / DD / YYYY
07 / 23 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JONATHAN VENVERLOH			Transaction ID : SA17A.127865		
Mailing Address 67 MARYMONT AVENUE			Date of Receipt M M / D D / Y Y Y Y 07 / 12 / 2015		
City ATHERTON	State CA	Zip Code 94027	Amount of Each Receipt this Period 2700.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2700.00		
Name of Employer GOOGLE INC.	Occupation SALES DIRECTOR		Amount of Each Receipt this Period 2700.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ 2700.00		
B. Full Name (Last, First, Middle Initial) DON A VERNON			Transaction ID : SA17A.127866		
Mailing Address 1448 SANTA LUISA DR			Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2015		
City SOLANA BEACH	State CA	Zip Code 92075	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 200.00		
Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED		Amount of Each Receipt this Period 400.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ 400.00		
C. Full Name (Last, First, Middle Initial) JOHN VEURINK			Transaction ID : SA17A.127868		
Mailing Address 1621 TUCKAWAY TRL			Date of Receipt M M / D D / Y Y Y Y 07 / 27 / 2015		
City WEST CHESTER	State PA	Zip Code 19380	Amount of Each Receipt this Period 2700.00		
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2700.00		
Name of Employer NISOURCE CORP. SERVICE	Occupation CFO		Amount of Each Receipt this Period 2700.00		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ 2700.00		

Subtotal Of Receipts This Page (optional).....▶ 5600.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
L THOMAS VIA

Mailing Address **8453 FRIARLYNCH LN**

City State Zip Code
GERMANTOWN TN 38139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127870

Date of Receipt
M M / D D / Y Y Y Y
07 26 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MICHAEL VICARELLI

Mailing Address **13 COLUMBUS PLACE**

City State Zip Code
CLIFFSIDE PARK NJ 07010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CINE MAGIC EAST RIVER STUDIOS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127872

Date of Receipt
M M / D D / Y Y Y Y
07 29 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DIANE VICARS

Mailing Address **2406 GRANT ST**

City State Zip Code
BERKELEY CA 94703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127873

Date of Receipt
M M / D D / Y Y Y Y
09 22 2015

Amount of Each Receipt this Period
100.00

Subtotal Of Receipts This Page (optional).....▶ **2100.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NOBUKO VICARS

Mailing Address 2406 GRANT ST

City	State	Zip Code
BERKELEY	CA	94703

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127874

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial)
CHARLES A VICE

Mailing Address 2769 HORSESHOE KNOLL

City	State	Zip Code
ROSWELL	GA	30075

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INTERCONTINENTAL EXCHANGE	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127876

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

C. Full Name (Last, First, Middle Initial)
HENRY C VICKERS

Mailing Address 22990 N US HIGHWAY 8

City	State	Zip Code
NEWCASTLE	WY	82701

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127877

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2015

Amount of Each Receipt this Period

<input type="text" value="150.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KAY M VILLA

Mailing Address **318 BOSWORTH LN**

City **NEENAH** State **WI** Zip Code **54956**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127879

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DOUGLAS VINE

Mailing Address **14668 TIMBER POINT**

City **ALPHARETTA** State **GA** Zip Code **30004**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MIMEDX** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127881

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
WILLIAM VINEY

Mailing Address **25723 MEADOWHOUSE CT**

City **SOUTH RIDING** State **VA** Zip Code **20152**

FEC ID number of contributing federal political committee. **C**

Name of Employer **PRINCIPAL** Occupation **BGR**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.127883

Date of Receipt
M M / D D / Y Y Y Y
06 / 26 / 2015

Amount of Each Receipt this Period
1500.00

Subtotal Of Receipts This Page (optional).....▶ **1750.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EVAN VINSON

Mailing Address 1488 EDGEWOOD LANE

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MITCHELL ASSOCIATES EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127885

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
EVAN VINSON

Mailing Address 1488 EDGEWOOD LANE

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MITCHELL ASSOCIATES EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128750

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
SHANNON VINSON

Mailing Address 1488 EDGEWOOD LANE

City State Zip Code
WINNETKA IL 60093

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128752

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEFF VISTA

Mailing Address 123 MALTLAND DR

City State Zip Code
CARY NC 27518

FEC ID number of contributing federal political committee.

Name of Employer Occupation
DUKE UNIVERSITY PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127887

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ROBERT J VLASIC

Mailing Address 38710 WOODWARD AVE

City State Zip Code
BLOOMFIELD MI 48304

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127889

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
LOIS VODACEK

Mailing Address 500 N LENZNER AVE

City State Zip Code
SIERRA VISTA AZ 85635

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127891

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PAUL W VOEGELI

Mailing Address P.O. BOX 56

City State Zip Code
MONROE WI 53566

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED LAWYER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127893

Date of Receipt

M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
SARA VOELZ

Mailing Address 23217 W 135TH STREET

City State Zip Code
PLAINFIELD IL 60544

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TESKA ASSOCIATES, INC PRINCIPAL FINANCIAL OFFICER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
230.00

Transaction ID : SA17A.127895

Date of Receipt

M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period

230.00

C. Full Name (Last, First, Middle Initial)
SARA VOELZ

Mailing Address 23217 W 135TH STREET

City State Zip Code
PLAINFIELD IL 60544

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TESKA ASSOCIATES, INC PRINCIPAL FINANCIAL OFFICER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
330.00

Transaction ID : SA17A.127896

Date of Receipt

M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period

100.00

Subtotal Of Receipts This Page (optional).....▶ 830.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JACK C VOIGHT

Mailing Address 2508 N RICHMOND ST

City	State	Zip Code
APPLETON	WI	54911

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
VOIGHT INSURANCE AGENCY	INSURANCE AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.127898

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
DAVID VOIGTSBERG

Mailing Address 11360 SW RESTON CT

City	State	Zip Code
PORT ST LUCIE	FL	34987

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.127900

Date of Receipt

M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period

_____ 250.00

C. Full Name (Last, First, Middle Initial)
DAVID VOIGTSBERG

Mailing Address 11360 SW RESTON CT

City	State	Zip Code
PORT ST LUCIE	FL	34987

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 350.00

Transaction ID : SA17A.127901

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period

_____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 600.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID VOIGTSBERG

Mailing Address 11360 SW RESTON CT

City State Zip Code
PORT ST LUCIE FL 34987

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Transaction ID : SA17A.127902

Date of Receipt

M M / D D / Y Y Y Y
09 / 09 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
CARL A. VOIGTSBERGER

Mailing Address 201 LAKESHORE DRIVE

City State Zip Code
CHEYENNE WY 82009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.127903

Date of Receipt

M M / D D / Y Y Y Y
09 / 15 / 2015

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
CAROLYN VOLLRATH

Mailing Address 10413 FOX BOROUGH CT.

City State Zip Code
OAKDALE CA 95361

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127905

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRANCIS VOORWOLD

Mailing Address 307 RENAU BLVD.

City State Zip Code
SUMMERVILLE SC 29483

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127913

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JAMES VOSS

Mailing Address 7131 N. RIDGEWAY AVE.

City State Zip Code
LINCOLNWOOD IL 60712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JVI, INC. SALES/MARKETING/MANUFACTURING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17A.127915

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
JAMES VOSS

Mailing Address 7131 N. RIDGEWAY AVE.

City State Zip Code
LINCOLNWOOD IL 60712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JVI, INC. SALES/MARKETING/MANUFACTURING

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128827

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2300.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 5500.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LINDA VOSS

Mailing Address 7131 N. RIDGEWAY AVE.

City State Zip Code
LINCOLNWOOD IL 60712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Transaction ID : SA17A.128829

Date of Receipt

MM / DD / YYYY
07 / 19 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

2300.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JOHN M VOSTERS

Mailing Address W1811 GOLDEN GLOW RD

City State Zip Code
FREEDOM WI 54130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILKSOURCE DAIRY PRODUCER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.127917

Date of Receipt

MM / DD / YYYY
09 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
JOHN M VOSTERS

Mailing Address W1811 GOLDEN GLOW RD

City State Zip Code
FREEDOM WI 54130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MILKSOURCE DAIRY PRODUCER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127918

Date of Receipt

MM / DD / YYYY
09 / 15 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KERI L VOSTERS

Mailing Address **W1811 GOLDEN GLOW RD**

City **FREEDOM** State **WI** Zip Code **54130**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MILKSOURCE, INC** Occupation **DAIRY FARMER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127920

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
NANCY VOYLES

Mailing Address **2926 HIGHWAY 75**

City **PARKIN** State **AR** Zip Code **72373**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127922

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
BOYD WACH

Mailing Address **3906 CHASEWOOD DR.**

City **CRESTWOOD** State **KY** Zip Code **40014**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127923

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2015

Amount of Each Receipt this Period
150.00

Subtotal Of Receipts This Page (optional)..... **400.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD WACKER

Mailing Address **119 MAONO PLACE**

City **HONOLULU** State **HI** Zip Code **96821**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AMERICAN SAVINGS BANK** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127925

Date of Receipt
 M M / D D / Y Y Y Y
07 / 26 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JONATHAN J WACLAWSKI

Mailing Address **1111 ORONOCO STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SCOTT WALKER INC** Occupation **CO COUNSEL**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127927

Date of Receipt
 M M / D D / Y Y Y Y
06 / 24 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
JONATHAN J WACLAWSKI

Mailing Address **1111 ORONOCO STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SCOTT WALKER INC** Occupation **CO COUNSEL**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2869.00

Transaction ID : SA17A.129153

Date of Receipt
 M M / D D / Y Y Y Y
07 / 22 / 2015

REFUND PENDING

Amount of Each Receipt this Period
169.00

Subtotal Of Receipts This Page (optional)..... **3369.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JONATHAN J WACLAWSKI

Mailing Address 1111 ORONOCO STREET

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SCOTT WALKER INC CO COUNSEL

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2870.00

Transaction ID : SA17A.129165

Date of Receipt
M M / D D / Y Y Y Y
09 / 15 / 2015

REFUND PENDING

Amount of Each Receipt this Period
1.00

B. Full Name (Last, First, Middle Initial)
JOHN E. WADE

Mailing Address 222 SILVERADO DR

City State Zip Code
NAPLES FL 34119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127929

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
WILLIAM WADE

Mailing Address PO BOX 191

City State Zip Code
GREENWICH NY 12834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127931

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 3201.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
YASH P WADHWA

Mailing Address 920 W BRENTWOOD LN

City State Zip Code
GLENDALE WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STRAND ASSOCIATES, INC DIRECTOR OF OPERATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127933

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
YASH P WADHWA

Mailing Address 920 W BRENTWOOD LN

City State Zip Code
GLENDALE WI 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STRAND ASSOCIATES, INC DIRECTOR OF OPERATIONS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.127934

Date of Receipt
M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
JOHN B WAGNER

Mailing Address 1899 COTTONTAIL DR

City State Zip Code
OSHKOSH WI 54904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127936

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 850.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD WAGNER

Mailing Address **5531 HIGHWAY 38**

City	State	Zip Code
FRANKSVILLE	WI	53126

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1 2 3 4 5 6 7 8 9 0
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 21 22 23 24 25 26 27 28 29 30 31
 32 33 34 35 36 37 38 39 40 41 42
 43 44 45 46 47 48 49 50
 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70
 71 72 73 74 75 76 77 78 79 80
 81 82 83 84 85 86 87 88 89 90
 91 92 93 94 95 96 97 98 99 00
 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40
 41 42 43 44 45 46 47 48 49 50
 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70
 71 72 73 74 75 76 77 78 79 80
 81 82 83 84 85 86 87 88 89 90
 91 92 93 94 95 96 97 98 99 00
 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40
 41 42 43 44 45 46 47 48 49 50
 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70
 71 72 73 74 75 76 77 78 79 80
 81 82 83 84 85 86 87 88 89 90
 91 92 93 94 95 96 97 98 99 00
 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40
 41 42 43 44 45 46 47 48 49 50
 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70
 71 72 73 74 75 76 77 78 79 80
 81 82 83 84 85 86 87 88 89 90
 91 92 93 94 95 96 97 98 99 00
 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40
 41 42 43 44 45 46 47 48 49 50
 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70
 71 72 73 74 75 76 77 78 79 80
 81 82 83 84 85 86 87 88 89 90
 91 92 93 94 95 96 97 98 99 00
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 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40
 41 42 43 44 45 46 47 48 49 50
 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70
 71 72 73 74 75 76 77 78 79 80
 81 82 83 84 85 86 87 88 89 90
 91 92 93 94 95 96 97 98 99 00
 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40
 41 42 43 44 45 46 47 48 49 50
 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70
 71 72 73 74 75 76 77 78 79 80
 81 82 83 84 85 86 87 88 89 90
 91 92 93 94 95 96 97 98 99 00
 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40
 41 42 43 44 45 46 47 48 49 50
 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70
 71 72 73 74 75 76 77 78 79 80
 81 82 83 84 85 86 87 88 89 90
 91 92 93 94 95 96 97 98 99 00
 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40
 41 42 43 44 45 46 47 48 49 50
 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70
 71 72 73 74 75 76 77 78 79 80
 81 82 83 84 85 86 87 88 89 90
 91 92 93 94 95 96 97 98 99 00
 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28 29 30
 31 32 33 34 35 36 37 38 39 40
 41 42 43 44 45 46 47 48 49 50
 51 52 53 54 55 56 57 58 59 60
 61 62 63 64 65 66 67 68 69 70
 71 72 73 74 75 76 77 78 79 80
 81 82 83 84 85 86 87 88 89 90
 91 92 93 94 95 96 97 98 99 00
 01 02 03 04 05 06 07 08 09 10
 11 12 13 14 15 16 17 18 19 20
 21 22 23 24 25 26 27 28

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
URSULA WAGSTAFF

Mailing Address 9365 NAPLES STREET

City State Zip Code
SAN DIEGO CA 92121

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CA BOTANA INTERN PRESIDENT WORLDWIDE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127944

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ANDREW D WAHL

Mailing Address 1130 TOURNAMENT DR

City State Zip Code
HILLSBOROUGH CA 94010

FEC ID number of contributing federal political committee.

Name of Employer Occupation
IG PARTNERS INC. MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127946

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
F WAITE

Mailing Address 203 CORAL AVE

City State Zip Code
NEWPORT BEACH CA 92662

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127948

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
F WAITE

Mailing Address **203 CORAL AVE**

City	State	Zip Code
NEWPORT BEACH	CA	92662

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **500.00**

Transaction ID : SA17A.127949

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2015			

Amount of Each Receipt this Period
 _____ **250.00**

B. Full Name (Last, First, Middle Initial)
AUDREY WALBY

Mailing Address **1440 LONE OAK LANE**

City	State	Zip Code
BROOKFIELD	WI	53045

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
BUYSEASONS	DIRECTOR OF ANALYTICS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **250.00**

Transaction ID : SA17A.127951

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			15			2015			

Amount of Each Receipt this Period
 _____ **250.00**

C. Full Name (Last, First, Middle Initial)
THOMAS WALDERA

Mailing Address **W20985 COUNTY ROAD Q**

City	State	Zip Code
WHITEHALL	WI	54773

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ **500.00**

Transaction ID : SA17A.127953

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			23			2015			

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WALTER WALDIE

Mailing Address 4105 STANHOPE ST

City	State	Zip Code
DALLAS	TX	75205

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127954

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial)
MARK WALDMAN

Mailing Address 501 CHURCH STREET NE STE 110

City	State	Zip Code
VIENNA	VA	22180

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	INVESTMENT ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127955

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial)
HOWARD WALDOW

Mailing Address 11963 CREST

City	State	Zip Code
BEVERLY HILLS	CA	90210

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
N/A	RE INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127957

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES WALKER

Mailing Address 770 TECHNOLOGY WAY

City State Zip Code
CHIPPEWA FALLS WI 54729

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CCEDC PRESIDENT/CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127959

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
DALE A WALKER

Mailing Address 450 LAURY LANE

City State Zip Code
NEW WILMINGTO PA 16142

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127961

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

C. Full Name (Last, First, Middle Initial)
DALE A WALKER

Mailing Address 450 LAURY LANE

City State Zip Code
NEW WILMINGTO PA 16142

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.127962

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="200.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID WALKER

Mailing Address **37 BEACON STREET**

City State Zip Code
BRIDGEPORT CT 06605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PRICEWATERHOUSECOOPERS SENIOR STRATEGIC ADVISOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127964

Date of Receipt

07 / 21 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
JOHN WALKER

Mailing Address **7 PINE GROVE CIR**

City State Zip Code
HOUSTON TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENERVEST LTD CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127966

Date of Receipt

07 / 13 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
JOHNNY WALKER

Mailing Address **18803 EL BELLO PASEO**

City State Zip Code
MONROE WA 98272

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.127967

Date of Receipt

07 / 31 / 2015

Amount of Each Receipt this Period

50.00

Subtotal Of Receipts This Page (optional)..... **3000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JUD WALKER

Mailing Address 446 FAUST LANE

City State Zip Code
HOUSTON TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENERVEST, LTD EVP & COO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127969

Date of Receipt

/ /

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
LISA A WALKER

Mailing Address 7 PINE GROVE CIRCLE

City State Zip Code
HOUSTON TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127971

Date of Receipt

/ /

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
ROBERT H WALKER

Mailing Address 411 FOREST ST

City State Zip Code
LEWISBURG TN 37091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.127973

Date of Receipt

/ /

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELIZABET WALL

Mailing Address 6565 S NORTHSORE DR

City State Zip Code
KNOXVILLE TN 37919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127975

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
TERRENCE WALL

Mailing Address PO BOX 620037

City State Zip Code
MIDDLETON WI 53562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TWALL PROPERTIES CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.127977

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2015

REATTRIBUTION/REFUND PENDING

Amount of Each Receipt this Period
10800.00

C. Full Name (Last, First, Middle Initial)
SHANNON WALLACE

Mailing Address 3011 GOLF CREST LANE

City State Zip Code
WOODSTOCK GA 30189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
N/A N/A

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.127979

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 11550.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TIMOTHY WALLACE

Mailing Address 17010 SANCTUARY TRAIL

City State Zip Code
BROOKFIELD WI 53005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GLP ASSOCIATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127981

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JULIE WALLEN

Mailing Address 16550 PRAIRIE COURT

City State Zip Code
BROOKFIELD WI 53005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128838

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
TIMOTHY WALLEN

Mailing Address 16550 PRAIRIE COURT

City State Zip Code
BROOKFIELD WI 53005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MLG REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127983

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2000.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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Detailed Summary Page

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TIMOTHY WALLEN

Mailing Address 16550 PRAIRIE COURT

City State Zip Code
BROOKFIELD WI 53005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MLG REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128836

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
CATHY WALLER

Mailing Address W227S4180 CONCORD COURT

City State Zip Code
WAUKESHA WI 53189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REPUBLICAN PARTY OF WAUKESHA COUNTY EXECUTIVE DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127985

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CATHY WALLER

Mailing Address W227S4180 CONCORD COURT

City State Zip Code
WAUKESHA WI 53189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REPUBLICAN PARTY OF WAUKESHA COUNTY EXECUTIVE DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
125.00

Transaction ID : SA17A.128680

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-125.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEVE WALLER

Mailing Address **W227S4180 CONCORD COURT**

City **WAUKESHA** State **WI** Zip Code **53189**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
125.00

Transaction ID : SA17A.128682

Date of Receipt
M M / D D / Y Y Y Y
07 / 01 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
125.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JAMES E WALLING

Mailing Address **104 W N WOODY RD**

City **AZLE** State **TX** Zip Code **76020**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.127987

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DALE WALLS

Mailing Address **1016 VALLEY VIEW DR.**

City **BLOOMFIELD** State **NM** Zip Code **87413-1495**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TWIN STARS LTD. MECHANIC

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127988

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period
50.00

Subtotal Of Receipts This Page (optional)..... **1050.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) JOEL WALLSKOG Mailing Address 12907 N. HIGHGATE COURT City MEQUON State WI Zip Code 53097 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer AAH Occupation PHYSICIAN Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>		Transaction ID : SA17A.127990 Date of Receipt M M / D D / Y Y Y Y 07 / 07 / 2015 Amount of Each Receipt this Period <input type="text" value="2700.00"/>
B. Full Name (Last, First, Middle Initial) EDWIN F WALMER Mailing Address 189 MONTEREY DR City NAPLES State FL Zip Code 34119 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="400.00"/>		Transaction ID : SA17A.127991 Date of Receipt M M / D D / Y Y Y Y 08 / 11 / 2015 Amount of Each Receipt this Period <input type="text" value="200.00"/>
C. Full Name (Last, First, Middle Initial) THOMAS WALRATH Mailing Address 1471 THOMAS LANE City EAGAR State MN Zip Code 55122 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="5000.00"/>		Transaction ID : SA17A.127993 Date of Receipt M M / D D / Y Y Y Y 08 / 19 / 2015 Amount of Each Receipt this Period <input type="text" value="5000.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DAVID J WALSH

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127995

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
MARK J WALSH

Mailing Address 53 W JACKSON BLVD

City State Zip Code
CHICAGO IL 60604

FEC ID number of contributing federal political committee.

C

Name of Employer
MARK J WALSH & CO.

Occupation
PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127997

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
ROBERT WALSTAD

Mailing Address PO BOX 205

City State Zip Code
CASCADE CO 80809

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.127999

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶

750.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL WALTER

Mailing Address 424 CLEVELAND ST, APT 205

City	State	Zip Code
WINNECONNE	WI	54986

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.128001

Date of Receipt

M M / D D / Y Y Y Y
07 / 16 / 2015

Amount of Each Receipt this Period
 2700.00

B. Full Name (Last, First, Middle Initial)
HELEN WAMPLER

Mailing Address 253 LITTLE STATION ROAD

City	State	Zip Code
HOLLAND	HI	49424

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 250.00

Transaction ID : SA17A.128003

Date of Receipt

M M / D D / Y Y Y Y
09 / 22 / 2015

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
RUSSELL WANKE

Mailing Address 711 E TALLGRASS DRIVE

City	State	Zip Code
APPLETON	WI	54913

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1000.00

Transaction ID : SA17A.128005

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
 1000.00

Subtotal Of Receipts This Page (optional).....▶ **3950.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEPHEN W WARD

Mailing Address 1 BLACKBERRY RD

City State Zip Code
NASHVILLE TN 37215

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128007

Date of Receipt
M M / D D / Y Y Y Y
07 / 24 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
STEPHENI J WARD

Mailing Address 1576 BROKEN ARROW RD

City State Zip Code
GARDNERVILLE NV 89410

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128009

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
SUMIE WARD

Mailing Address P.O. BOX 78

City State Zip Code
PENRYN CA 95663

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED INSTRUCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128011

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1707 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) DENNERT WARE			Transaction ID : SA17A.128013																					
Mailing Address 317 LIMESTONE CREEK ROAD			Date of Receipt <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>07</td><td></td><td></td><td>27</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			27			2015			
M	M	/	D	D	/	Y	Y	Y	Y															
07			27			2015																		
City SAN ANTONIO	State TX	Zip Code 78232																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 1000.00																					
Name of Employer N/A		Occupation N/A																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ 1000.00																					
B. Full Name (Last, First, Middle Initial) ELIZABETH WAREING			Transaction ID : SA17A.128015																					
Mailing Address 3511 DEL MONTE			Date of Receipt <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>07</td><td></td><td></td><td>27</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			27			2015			
M	M	/	D	D	/	Y	Y	Y	Y															
07			27			2015																		
City HOUSTON	State TX	Zip Code 77019																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 2500.00																					
Name of Employer N/A		Occupation HOUSEWIFE																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ 2500.00																					
C. Full Name (Last, First, Middle Initial) RONALD J WAREZAK			Transaction ID : SA17A.128017																					
Mailing Address 3649 WOLF RD			Date of Receipt <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>07</td><td></td><td></td><td>21</td><td></td><td></td><td>2015</td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	07			21			2015			
M	M	/	D	D	/	Y	Y	Y	Y															
07			21			2015																		
City SAGINAW	State MI	Zip Code 48601																						
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 500.00																					
Name of Employer MICHIGAN TRUCK SPRING OF SAGINAW		Occupation EXECUTIVE																						
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			Election Cycle-to-Date ▼ 500.00																					

Subtotal Of Receipts This Page (optional).....▶ **4000.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1708 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) KATHY WARNE		Transaction ID : SA17A.128019 Date of Receipt M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 1004 MERIDIAN RD City State Zip Code EAGLE POINT OR 97524		Amount of Each Receipt this Period _____ 300.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF-EMPLOYED	Occupation RANCHER	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 300.00

B. Full Name (Last, First, Middle Initial) NANCY WARNICK		Transaction ID : SA17A.128021 Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2015
Mailing Address 192 PRITCHARD DR City State Zip Code PALM COAST FL 32164		Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 500.00

C. Full Name (Last, First, Middle Initial) NANCY WARNICK		Transaction ID : SA17A.128022 Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2015
Mailing Address 192 PRITCHARD DR City State Zip Code PALM COAST FL 32164		Amount of Each Receipt this Period _____ 800.00
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 1300.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one) **PAGE 1709 / 2684**

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NANCY WARNICK

Mailing Address **192 PRITCHARD DR**

City **PALM COAST** State **FL** Zip Code **32164**

FEC ID number of contributing federal political committee.

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128023

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
NANCY WARNICK

Mailing Address **192 PRITCHARD DR**

City **PALM COAST** State **FL** Zip Code **32164**

FEC ID number of contributing federal political committee.

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128024

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		27		2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
NANCY WARNICK

Mailing Address **192 PRITCHARD DR**

City **PALM COAST** State **FL** Zip Code **32164**

FEC ID number of contributing federal political committee.

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128025

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		29		2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NANCY WARNICK

Mailing Address 192 PRITCHARD DR

City	State	Zip Code
PALM COAST	FL	32164

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128026

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial)
NANCY WARNICK

Mailing Address 192 PRITCHARD DR

City	State	Zip Code
PALM COAST	FL	32164

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128027

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

C. Full Name (Last, First, Middle Initial)
NANCY WARNICK

Mailing Address 192 PRITCHARD DR

City	State	Zip Code
PALM COAST	FL	32164

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128028

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NANCY WARNICK

Mailing Address 192 PRITCHARD DR

City State Zip Code
PALM COAST FL 32164

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3450.00

Transaction ID : SA17A.128029

Date of Receipt

/ /

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
NANCY WARNICK

Mailing Address 192 PRITCHARD DR

City State Zip Code
PALM COAST FL 32164

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Transaction ID : SA17A.128030

Date of Receipt

/ /

Amount of Each Receipt this Period

50.00

C. Full Name (Last, First, Middle Initial)
NANCY WARNICK

Mailing Address 192 PRITCHARD DR

City State Zip Code
PALM COAST FL 32164

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3750.00

Transaction ID : SA17A.128031

Date of Receipt

/ /

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

16 17a 17b 17c 17d 18
 19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

<p>A. Full Name (Last, First, Middle Initial) NANCY WARNICK</p> <p>Mailing Address 192 PRITCHARD DR</p> <hr/> <table style="width:100%;"> <tr> <td style="width:40%;">City PALM COAST</td> <td style="width:20%;">State FL</td> <td style="width:40%;">Zip Code 32164</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width:100%;"> <tr> <td style="width:35%;">Name of Employer RETIRED</td> <td style="width:65%;">Occupation RETIRED</td> </tr> </table> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Election Cycle-to-Date ▼ <input style="width:100%;" type="text" value=""/> 4250.00 </p>	City PALM COAST	State FL	Zip Code 32164	Name of Employer RETIRED	Occupation RETIRED	<p>Transaction ID : SA17A.128032</p> <p>Date of Receipt</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">M M 09</td> <td style="width:33%;">D D 02</td> <td style="width:33%;">Y Y Y Y 2015</td> </tr> </table> <p>Amount of Each Receipt this Period</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: right;">500.00</td> </tr> </table> <p>Amount of Each Receipt this Period</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: right;">4250.00</td> </tr> </table>	M M 09	D D 02	Y Y Y Y 2015		500.00		4250.00
City PALM COAST	State FL	Zip Code 32164											
Name of Employer RETIRED	Occupation RETIRED												
M M 09	D D 02	Y Y Y Y 2015											
	500.00												
	4250.00												

<p>B. Full Name (Last, First, Middle Initial) NANCY WARNICK</p> <p>Mailing Address 192 PRITCHARD DR</p> <hr/> <table style="width:100%;"> <tr> <td style="width:40%;">City PALM COAST</td> <td style="width:20%;">State FL</td> <td style="width:40%;">Zip Code 32164</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width:100%;"> <tr> <td style="width:35%;">Name of Employer RETIRED</td> <td style="width:65%;">Occupation RETIRED</td> </tr> </table> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Election Cycle-to-Date ▼ <input style="width:100%;" type="text" value=""/> 4750.00 </p>	City PALM COAST	State FL	Zip Code 32164	Name of Employer RETIRED	Occupation RETIRED	<p>Transaction ID : SA17A.128033</p> <p>Date of Receipt</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">M M 09</td> <td style="width:33%;">D D 04</td> <td style="width:33%;">Y Y Y Y 2015</td> </tr> </table> <p>Amount of Each Receipt this Period</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: right;">500.00</td> </tr> </table> <p>Amount of Each Receipt this Period</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: right;">4750.00</td> </tr> </table>	M M 09	D D 04	Y Y Y Y 2015		500.00		4750.00
City PALM COAST	State FL	Zip Code 32164											
Name of Employer RETIRED	Occupation RETIRED												
M M 09	D D 04	Y Y Y Y 2015											
	500.00												
	4750.00												

<p>C. Full Name (Last, First, Middle Initial) NANCY WARNICK</p> <p>Mailing Address 192 PRITCHARD DR</p> <hr/> <table style="width:100%;"> <tr> <td style="width:40%;">City PALM COAST</td> <td style="width:20%;">State FL</td> <td style="width:40%;">Zip Code 32164</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table style="width:100%;"> <tr> <td style="width:35%;">Name of Employer RETIRED</td> <td style="width:65%;">Occupation RETIRED</td> </tr> </table> <p>Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Election Cycle-to-Date ▼ <input style="width:100%;" type="text" value=""/> 4850.00 </p>	City PALM COAST	State FL	Zip Code 32164	Name of Employer RETIRED	Occupation RETIRED	<p>Transaction ID : SA17A.128034</p> <p>Date of Receipt</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">M M 09</td> <td style="width:33%;">D D 15</td> <td style="width:33%;">Y Y Y Y 2015</td> </tr> </table> <p>Amount of Each Receipt this Period</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: right;">100.00</td> </tr> </table> <p>Amount of Each Receipt this Period</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: right;">4850.00</td> </tr> </table>	M M 09	D D 15	Y Y Y Y 2015		100.00		4850.00
City PALM COAST	State FL	Zip Code 32164											
Name of Employer RETIRED	Occupation RETIRED												
M M 09	D D 15	Y Y Y Y 2015											
	100.00												
	4850.00												

Subtotal Of Receipts This Page (optional).....▶ **1100.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NANCY WARNICK

Mailing Address 192 PRITCHARD DR

City State Zip Code
PALM COAST FL 32164

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4900.00

Transaction ID : SA17A.128035

Date of Receipt

M M / D D / Y Y Y Y
09 18 2015

Amount of Each Receipt this Period

50.00

B. Full Name (Last, First, Middle Initial)
GERALD WARNOCK

Mailing Address 6095 SW OLD SCHOLLS FERRY RD

City State Zip Code
PORTLAND OR 97223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EPIC IMAGING CENTER RADIOLOGIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128037

Date of Receipt

M M / D D / Y Y Y Y
07 16 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
MIKE WARREN

Mailing Address 59860 LASALLE RD

City State Zip Code
MONTROSE CO 81403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SMALL BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128039

Date of Receipt

M M / D D / Y Y Y Y
07 18 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **3000.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PATRICIA WARREN

Mailing Address **6373 W 78TH ST**

City **LOS ANGELES** State **CA** Zip Code **90045**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.128040

Date of Receipt
 M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
JOHN WARTA

Mailing Address **PO BOX 1088**

City **CAMAS** State **WA** Zip Code **98607**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CASCADE DIVIDE** Occupation **CHAIRMAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128042

Date of Receipt
 M M / D D / Y Y Y Y
07 / 26 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
RODERICK S WASHINGTON

Mailing Address **9417 ENGEL LN**

City **OLIVETTE** State **MO** Zip Code **63132**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128044

Date of Receipt
 M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **1250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AMIR WASILLULLAH

Mailing Address 101 PLAZA REAL SOUTH, APT 828

City	State	Zip Code
BOCA RATON	FL	33432

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
3 DM INVESTMENTS LLC	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 -2700.00

Transaction ID : SA17A.128719

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period
 -2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JEN WASILLULLAH

Mailing Address 101 PLAZA REAL SOUTH, APT 828

City	State	Zip Code
BOCA RATON	FL	33432

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.128721

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

REATTRIBUTED

Amount of Each Receipt this Period
 2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
AMIR WASIULLAH

Mailing Address 101 PLAZA REAL SOUTH, APT 828

City	State	Zip Code
BOCA RATON	FL	33432

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
3 DM INVESTMENTS LLC	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Transaction ID : SA17A.128046

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period
 5400.00

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KARIN WASIULLAH

Mailing Address **9255 N. UPPER RIVER ROAD**

City **RIVER HILLS** State **WI** Zip Code **53217**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2700.00**

Transaction ID : SA17A.128875

Date of Receipt
 M M / D D / Y Y Y Y
08 / 09 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MASOOD WASIULLAH

Mailing Address **9255 N. UPPER RIVER ROAD**

City **RIVER HILLS** State **WI** Zip Code **53217**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AURORA HEALTHCARE** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5400.00**

Transaction ID : SA17A.128048

Date of Receipt
 M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
MASOOD WASIULLAH

Mailing Address **9255 N. UPPER RIVER ROAD**

City **RIVER HILLS** State **WI** Zip Code **53217**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AURORA HEALTHCARE** Occupation **PHYSICIAN**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **10800.00**

Transaction ID : SA17A.128049

Date of Receipt
 M M / D D / Y Y Y Y
08 / 04 / 2015

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ **10800.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MASOOD WASIULLAH

Mailing Address 9255 N. UPPER RIVER ROAD

City RIVER HILLS State WI Zip Code 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AURORA HEALTHCARE PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128050

Date of Receipt
MM / DD / YYYY
08 / 04 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-5400.00

B. Full Name (Last, First, Middle Initial)
MASOOD WASIULLAH

Mailing Address 9255 N. UPPER RIVER ROAD

City RIVER HILLS State WI Zip Code 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AURORA HEALTHCARE PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8100.00

Transaction ID : SA17A.128051

Date of Receipt
MM / DD / YYYY
08 / 09 / 2015

SEE REATTRIBUTION & REDESIGNATION

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
MASOOD WASIULLAH

Mailing Address 9255 N. UPPER RIVER ROAD

City RIVER HILLS State WI Zip Code 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AURORA HEALTHCARE PHYSICIAN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128052

Date of Receipt
MM / DD / YYYY
08 / 09 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-2700.00

Subtotal Of Receipts This Page (optional).....▶ -5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MASOOD WASIUULLAH

Mailing Address 9255 N. UPPER RIVER ROAD

City RIVER HILLS State WI Zip Code 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-2700.00

Transaction ID : SA17A.128871

Date of Receipt
MM / DD / YYYY
08 / 09 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MASOOD WASIUULLAH

Mailing Address 9255 N. UPPER RIVER ROAD

City RIVER HILLS State WI Zip Code 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128872

Date of Receipt
MM / DD / YYYY
08 / 09 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MASOOD WASIUULLAH

Mailing Address 9255 N. UPPER RIVER ROAD

City RIVER HILLS State WI Zip Code 53217

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-2700.00

Transaction ID : SA17A.128873

Date of Receipt
MM / DD / YYYY
08 / 09 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 0.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AARON WATERMAN

Mailing Address **E10445 XANADU ROAD**

City **WISCONSIN DELLS** State **WI** Zip Code **53965**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128054

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
ANDREW W WATERMAN

Mailing Address **441 ALCAN DRIVE**

City **BARABOO** State **WI** Zip Code **53913**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **HOTEL/RESTAURANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128056

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
ANDREW WATERMAN

Mailing Address **1142 PAPER FIG COURT**

City **SANIBEL** State **FL** Zip Code **33957**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SELF-EMPLOYED** Occupation **HOTEL/RESTAURANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128058

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1720 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CONNIE WATERMAN

Mailing Address 15 CHESTNUT AVE

City	State	Zip Code
NARBERTH	PA	19072

FEC ID number of contributing federal political committee.

Name of Employer MACYS	Occupation RETAIL WORKER
---------------------------	-----------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128059

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CORY WATERMAN

Mailing Address S897 CLARA AVENUE

City	State	Zip Code
WISCONSIN DEL	WI	53965

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128061

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JACK WATERMAN

Mailing Address 1011 WEBER AVENUE

City	State	Zip Code
WISCONSIN DEL	WI	53965

FEC ID number of contributing federal political committee.

Name of Employer MOOSEJAW PIZZA BREWING CO	Occupation CO OWNER
---	------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128063

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			12			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHARLES WATKINS

Mailing Address 18000 SARAH HILL LN

City	State	Zip Code
LAKE OSWEGO	OR	97035

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WAVE FORM SYSTEMS, INC.	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.128076

Date of Receipt

M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
RONNIE WATKINS

Mailing Address 129 SOMERSET PASS

City	State	Zip Code
GADSDEN	AL	35901

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RONNIE WATKINS FORD	SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.128078

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

_____ 500.00

C. Full Name (Last, First, Middle Initial)
DAVID WATTERS

Mailing Address 1979 TUMBLEBROOK RD

City	State	Zip Code
NEENAH	WI	54956

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WATTERS INSURANCE	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.128080

Date of Receipt

M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period

_____ 500.00

Subtotal Of Receipts This Page (optional).....▶

_____ 1250.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DARYL WATTERSON

Mailing Address **N8146 MARTY RD**

City State Zip Code
NEW GLARUS WI 53574

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128082

Date of Receipt
M M / D D / Y Y Y Y
08 06 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CHARLES WAX

Mailing Address **PO BOX 3295**

City State Zip Code
RANCHO SANTA CA 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WAXIE SANUTARY SUPPLY PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.128084

Date of Receipt
M M / D D / Y Y Y Y
07 30 2015

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
R. L WEATHERS

Mailing Address **561 VILLAGE TRACE, BLDG**

City State Zip Code
MARIETTA GA 30067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.128085

Date of Receipt
M M / D D / Y Y Y Y
08 26 2015

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional)..... **1950.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GARY WEAVER

Mailing Address 3502 MENTANA PLACE

City State Zip Code
SAN ANTONIO TX 78258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128087

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
GARY WEAVER

Mailing Address 3502 MENTANA PLACE

City State Zip Code
SAN ANTONIO TX 78258

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
280.00

Transaction ID : SA17A.128088

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

30.00

C. Full Name (Last, First, Middle Initial)
JOAN WEBB

Mailing Address 936 LIDO CIR W

City State Zip Code
NICEVILLE FL 32578

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128090

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional).....▶ 780.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RONALD WEBB

Mailing Address 936 LIDO CIR W

City	State	Zip Code
NICEVILLE	FL	32578

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.128092

Date of Receipt

M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period

_____ 500.00

B. Full Name (Last, First, Middle Initial)
SCOTT WEBER

Mailing Address 2601 SUNSET BLVD APT 3G

City	State	Zip Code
MINNEAPOLIS	MN	55416

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2710.00

Transaction ID : SA17A.128093

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

_____ 2700.00

C. Full Name (Last, First, Middle Initial)
JOEL S WEBSTER

Mailing Address 7121 CYPRESS CREEK L

City	State	Zip Code
CHARLOTTE	NC	28210

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 300.00

Transaction ID : SA17A.128095

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

_____ 300.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3500.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
YASITH WEERASURIY

Mailing Address **2807 CATALPA ST**

City **NEWPORT BEACH** State **CA** Zip Code **92660**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STANBRIDGE COLLEGE** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Transaction ID : SA17A.128097

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
10000.00

B. Full Name (Last, First, Middle Initial)
YASITH WEERASURIY

Mailing Address **2807 CATALPA ST**

City **NEWPORT BEACH** State **CA** Zip Code **92660**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STANBRIDGE COLLEGE** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7300.00

Transaction ID : SA17A.128098

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
YASITH WEERASURIY

Mailing Address **2807 CATALPA ST**

City **NEWPORT BEACH** State **CA** Zip Code **92660**

FEC ID number of contributing federal political committee. **C**

Name of Employer **STANBRIDGE COLLEGE** Occupation **PRESIDENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128099

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-4600.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **10000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
YASITH WEERASURIY

Mailing Address 2807 CATALPA ST

City State Zip Code
NEWPORT BEACH CA 92660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STANBRIDGE COLLEGE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128100

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
TIMOTHY WEGGE

Mailing Address 31331 ACADEMY RD

City State Zip Code
BURLINGTON WI 53105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128102

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
CHARLES WEGNER

Mailing Address PO BOX 261

City State Zip Code
WEST CHICAGO IL 60186

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128104

Date of Receipt
M M / D D / Y Y Y Y
09 / 16 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EILEEN D WEICHER

Mailing Address **537 N EUCLID AVE**

City **OAK PARK** State **IL** Zip Code **60302**

FEC ID number of contributing federal political committee. **C**

Name of Employer **HOMEMAKER** Occupation **HOMEMAKER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128106

Date of Receipt
M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
R J WEIKAL

Mailing Address **5435 N GARLAND AVE
STE 140 # 167**

City **GARLAND** State **TX** Zip Code **75040**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128108

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
AL WEILAND

Mailing Address **3833 W. MICHIGAN ST.**

City **MILWAUKEE** State **WI** Zip Code **53208**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128110

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ **1250.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1730 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUE ANN WEINBERG

Mailing Address 70 FIELD POINT CIR

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128112

Date of Receipt

/ /

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
LEON WEINBERGER

Mailing Address 25013 VADO COURT

City State Zip Code
RIO VERDE AZ 85263

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128114

Date of Receipt

/ /

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KANE WEINER

Mailing Address 3448 LOCKE LANE

City State Zip Code
HOUSTON TX 77027

FEC ID number of contributing federal political committee.

Name of Employer Occupation
TEXAS CRUDE ENE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128116

Date of Receipt

/ /

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT WEINER

Mailing Address **2 LEIGHTON CT**

City	State	Zip Code
ATLANTA	GA	30327

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
TOTALLY ENTERPRISES, LLC	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128118

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ROBERT WEINERT

Mailing Address **PO BOX 316**

City	State	Zip Code
WHITELAW	WI	54247

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CRAFTS INC	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128120

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
STEVE WEINERT

Mailing Address **3616 SHEPHERD LANE**

City	State	Zip Code
MANITOWOC	WI	54220

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CRAFTS INC	MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128122

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 750.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FLORENCE WEINHOLD

Mailing Address **3319 CAPRI COURT**

City	State	Zip Code
GREEN BAY	WI	54301

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128124

Date of Receipt
M M / D D / Y Y Y Y
08 / 09 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
JOHN WEINMANN

Mailing Address **601 POYDRAS STREET, SUITE 2690**

City	State	Zip Code
NEW ORLEANS	LA	70130

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
------------------------------------	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128126

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
NATHAN WEINSTEIN

Mailing Address **170 TOWNSEND AVE**

City	State	Zip Code
PELHAM	NY	10803

FEC ID number of contributing federal political committee. **C**

Name of Employer CL KING	Occupation VP
------------------------------------	-------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128128

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **2000.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
PERRY WEINSTEIN

Mailing Address 2475 WOODLAWN RD

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PERRY WEINSTEIN, INC. CPA

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128130

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
PATRICK WEIR

Mailing Address 21332 CELTIC ST

City State Zip Code
CHATSWORTH CA 91311

FEC ID number of contributing federal political committee.

Name of Employer Occupation
COONER WIRE OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128132

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
BARTON WEIS

Mailing Address 465 OAK CIRCLE

City State Zip Code
CHARLOTTESVIL VA 22901

FEC ID number of contributing federal political committee.

Name of Employer Occupation
CVILLE ORTHODONTIST ORTHODONTIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128134

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DARLENE T WEIS

Mailing Address **N19W26655 MILKWEED L**

City **PEWAUKEE** State **WI** Zip Code **53072**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128136

Date of Receipt
M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CAROL R. WEISS

Mailing Address **720 HEATHER COURT**

City **GRAFTON** State **WI** Zip Code **53024**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128138

Date of Receipt
M M / D D / Y Y Y Y
07 / 21 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
MARY WEISS

Mailing Address **1304 HAWTHORNE LANE**

City **HINSDALE** State **IL** Zip Code **60521**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128140

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ **6650.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1735 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARY WEISS

Mailing Address 1304 HAWTHORNE LANE

City HINSDALE State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128866

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MARY WEISS

Mailing Address 1304 HAWTHORNE LANE

City HINSDALE State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128867

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RICHARD WEISS

Mailing Address 1304 HAWTHORNE LANE

City HINSDALE State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128142

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD WEISS

Mailing Address 1304 HAWTHORNE LANE

City HINSDALE State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.128143

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
RICHARD WEISS

Mailing Address 1304 HAWTHORNE LANE

City HINSDALE State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
16200.00

Transaction ID : SA17A.128144

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
RICHARD WEISS

Mailing Address 1304 HAWTHORNE LANE

City HINSDALE State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10800.00

Transaction ID : SA17A.128145

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-5400.00

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD WEISS

Mailing Address 1304 HAWTHORNE LANE

City HINSDALE State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128146

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

CHARGEBACK

Amount of Each Receipt this Period
-5400.00

B. Full Name (Last, First, Middle Initial)
RICHARD WEISS

Mailing Address 1304 HAWTHORNE LANE

City HINSDALE State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128868

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
RICHARD WEISS

Mailing Address 1304 HAWTHORNE LANE

City HINSDALE State IL Zip Code 60521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128869

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ -5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GORDON WELCH

Mailing Address 435 COUNTRY OAKS DR

City EL PASO State TX Zip Code 79932

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128147

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CHARLES V WELDEN

Mailing Address 7418 ASHLAND LANE

City BIRMINGHAM State AL Zip Code 35242

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128149

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CHARLES V WELDEN

Mailing Address 7418 ASHLAND LANE

City BIRMINGHAM State AL Zip Code 35242

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128150

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
J. S WELLS

Mailing Address 305 RUNNING BEAR CT

City	State	Zip Code
EULESS	TX	76039

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CITIWIDE ALLIANCE REALTY	REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128162

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	22	/	2015

Amount of Each Receipt this Period
 _____ 2700.00

B. Full Name (Last, First, Middle Initial)
MARK WELP

Mailing Address 7108 BAREFOOT COVE

City	State	Zip Code
AUSTIN	TX	78730

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
BUSINESS OWNER	SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.128164

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	29	/	2015

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
MAXWELL WELZ

Mailing Address 26 SOUTH WASHINGTON STREET

City	State	Zip Code
PORT WASHINGTON	NY	11050

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
CINE MAGIC EAST RIVER STUDIOS	OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.128166

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	29	/	2015

Amount of Each Receipt this Period
 _____ 1000.00

Subtotal Of Receipts This Page (optional).....▶ _____ 4200.00

Total This Period (last page this line number only).....▶ _____

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROSEMARI WENDT

Mailing Address 39 WILSHIRE RD

City	State	Zip Code
GREENWICH	CT	06831

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128168

Date of Receipt

M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period

_____ 2700.00

B. Full Name (Last, First, Middle Initial)
DENNIS WENGER

Mailing Address W244 N4880 SWAN RD

City	State	Zip Code
PEWAUKEE	WI	53072

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.128170

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period

_____ 500.00

C. Full Name (Last, First, Middle Initial)
JOHN WENTZELL

Mailing Address 12 BAY PATH DRIVE

City	State	Zip Code
BOYLSTON	MA	01505

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.128172

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period

_____ 250.00

Subtotal Of Receipts This Page (optional).....▶ **3450.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN WENUM

Mailing Address 427 HUNTERS HILL TRAIL

City	State	Zip Code
COLGATE	WI	53017

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128174

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2015

Amount of Each Receipt this Period

<input type="text" value="5400.00"/>

B. Full Name (Last, First, Middle Initial)
PATRICIA WERDERITSCH

Mailing Address 6371 SALINE ANN ARBOR RD.

City	State	Zip Code
SALINE	MI	48176

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
A.C.M.	MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128175

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

C. Full Name (Last, First, Middle Initial)
ARTHUR WERNER

Mailing Address 175 S, LEGEND TREE DRIVE

City	State	Zip Code
LIBERTY LAKE	WA	99019

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128177

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK WESHINSKEY

Mailing Address 11194 EDWARDS FARM LN

City State Zip Code
PURCELLVILLE VA 20132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128179

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
NANCY WESLEY

Mailing Address 25 SPRUCE ST

City State Zip Code
PRINCETON JUN NJ 08550

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245.00

Transaction ID : SA17A.128180

Date of Receipt
M M / D D / Y Y Y Y
08 / 06 / 2015

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
DOUGLAS WEST

Mailing Address 13903 S GOLDEN OAK DRIVE

City State Zip Code
HOMER GLEN IL 60491

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LOCKPORT TOWNSHIP HIGH SCHOOL TEACHER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128182

Date of Receipt
M M / D D / Y Y Y Y
07 / 19 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 800.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN WEST

Mailing Address 1119 CROWN POINTE CIRCLE

City	State	Zip Code
SUAMICO	WI	54173

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
FOX VALLEY METAL TECH	MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128183

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			02			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
CARL WESTCOTT

Mailing Address 100 CRESCENT COURT, SUITE 1620

City	State	Zip Code
DALLAS	TX	75201

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128185

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			04			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CHART WESTCOTT

Mailing Address 100 CRESCENT COURT, SUITE 1620

City	State	Zip Code
DALLAS	TX	75201

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WESTCOTT LLC	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128187

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHART WESTCOTT

Mailing Address 100 CRESCENT COURT, SUITE 1620

City	State	Zip Code
DALLAS	TX	75201

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WESTCOTT LLC	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.128188

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2015

Amount of Each Receipt this Period

_____ 2700.00

B. Full Name (Last, First, Middle Initial)
COURT WESTCOTT

Mailing Address 100 CRESCENT COURT, STE 1620

City	State	Zip Code
DALLAS	TX	75201

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WESTCOTT LLC	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 5400.00

Transaction ID : SA17A.128190

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

_____ 5400.00

C. Full Name (Last, First, Middle Initial)
COURT WESTCOTT

Mailing Address 100 CRESCENT COURT, STE 1620

City	State	Zip Code
DALLAS	TX	75201

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
WESTCOTT LLC	EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128765

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

_____ -2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ _____ 8100.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JIMMY WESTCOTT

Mailing Address 100 CRESCENT COURT, SUITE 1628

City	State	Zip Code
DALLAS	TX	75201

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WESTCOTT FOUND	PRES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128192

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			26			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JIMMY WESTCOTT

Mailing Address 100 CRESCENT COURT, SUITE 1628

City	State	Zip Code
DALLAS	TX	75201

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WESTCOTT FOUND	PRES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128193

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			04			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KAMERON WESTCOTT

Mailing Address 100 CRESCENT COURT, STE 1620

City	State	Zip Code
DALLAS	TX	75201

FEC ID number of contributing federal political committee.

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128767

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			30			2015			

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT WESTCOTT

Mailing Address 507 W WILSON ST

City	State	Zip Code
MADISON	WI	53703

FEC ID number of contributing federal political committee.

Name of Employer EPIC SYSTEMS CORPORATION	Occupation TECHNICAL SERVICES
--	----------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 230.00

Transaction ID : SA17A.128195

Date of Receipt

M M / D D / Y Y Y Y
07 / 09 / 2015

Amount of Each Receipt this Period

<input type="text" value=""/> 230.00

B. Full Name (Last, First, Middle Initial)
CHARLES WESTLEY

Mailing Address 12976 WEST 78TH CIRCLE

City	State	Zip Code
ARVADA	CO	80005

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 300.00

Transaction ID : SA17A.128196

Date of Receipt

M M / D D / Y Y Y Y
08 / 19 / 2015

Amount of Each Receipt this Period

<input type="text" value=""/> 100.00

C. Full Name (Last, First, Middle Initial)
MERINDA H WETHERINGT

Mailing Address 105 GOLF DR

City	State	Zip Code
FAYETTEVILLE	TN	37334

FEC ID number of contributing federal political committee.

Name of Employer AMERICAN DEVELOPMENT CORPORATION	Occupation BUSINESS OWNER
--	------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2650.00

Transaction ID : SA17A.128198

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

<input type="text" value=""/> 2650.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 330.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
W MICHAEL WETHERINGT

Mailing Address 105 GOLF DR

City State Zip Code
FAYETTEVILLE TN 37334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMERICAN DEVELOPMENT CORP BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5300.00

Transaction ID : SA17A.128200

Date of Receipt
MM / DD / YYYY
07 / 01 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5300.00

B. Full Name (Last, First, Middle Initial)
W MICHAEL WETHERINGT

Mailing Address 105 GOLF DR

City State Zip Code
FAYETTEVILLE TN 37334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AMERICAN DEVELOPMENT CORP BUSINESS OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2650.00

Transaction ID : SA17A.128201

Date of Receipt
MM / DD / YYYY
07 / 01 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2650.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MARK WEYERMULLE

Mailing Address 1239 N DEARBORN ST

City State Zip Code
CHICAGO IL 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEYERMULLER PROPERTIES LLC PROPERTY MANAGEMENT SERVICES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128203

Date of Receipt
MM / DD / YYYY
07 / 31 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... 5550.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK WEYERMULLE

Mailing Address 1239 N DEARBORN ST

City State Zip Code
CHICAGO IL 60610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEYERMULLER PROPERTIES LLC PROPERTY MANAGEMENT SERVICES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Transaction ID : SA17A.128204

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2015

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
LARRY WEYERS

Mailing Address 939 URBANDALE AVENUE

City State Zip Code
DE PERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128206

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
RONALD WEYERS

Mailing Address PO BOX 12057

City State Zip Code
GREEN BAY WI 54307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128208

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 2075.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) MICHAEL WHATLEY		Transaction ID : SA17A.128210	
Mailing Address 120 SUMMER BREEZE LANE		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2015	
City FREDERICKSBURG	State VA	Zip Code 22406	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer HBW RESOURCES	Occupation CONSULTANT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00	

B. Full Name (Last, First, Middle Initial) JOHN WHEELER		Transaction ID : SA17A.128212	
Mailing Address 205 REDCLIFFE RD		Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2015	
City GREENVILLE	State SC	Zip Code 29615	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer RESTORATION SERVICES OF THE CAROLINAS	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) JOHN WHEELER		Transaction ID : SA17A.128213	
Mailing Address 205 REDCLIFFE RD		Date of Receipt M M / D D / Y Y Y Y 09 / 25 / 2015	
City GREENVILLE	State SC	Zip Code 29615	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer RESTORATION SERVICES OF THE CAROLINAS	Occupation PRESIDENT		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 525.00	

Subtotal Of Receipts This Page (optional).....	3225.00
Total This Period (last page this line number only).....	3225.00

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) TONI WHEELER		Transaction ID : SA17A.128215																					
Mailing Address 255 15TH CIR		Date of Receipt <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>7</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	1	5	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	1	5	/	2	0	1	5														
City KEY COLONY BEACH	State FL	Zip Code 33051																					
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> </tr> </table>		C																			
C																							
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>						500.00															
				500.00																			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="4"></td> <td>500.00</td> </tr> </table>						500.00															
				500.00																			

B. Full Name (Last, First, Middle Initial) TONI WHEELER		Transaction ID : SA17A.128217																					
Mailing Address 4631 S RACINE		Date of Receipt <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>7</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7	/	2	8	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	7	/	2	8	/	2	0	1	5														
City CHICAGO	State IL	Zip Code 60609																					
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> </tr> </table>		C																			
C																							
Name of Employer RETIRED	Occupation RETIRED	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table>						250.00															
				250.00																			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="4"></td> <td>250.00</td> </tr> </table>						250.00															
				250.00																			

C. Full Name (Last, First, Middle Initial) STEPHEN T WHELAN		Transaction ID : SA17A.128219																					
Mailing Address 165 W END AVE		Date of Receipt <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>6</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	2	9	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y														
0	6	/	2	9	/	2	0	1	5														
City NEW YORK	State NY	Zip Code 10023																					
FEC ID number of contributing federal political committee.		<table border="1"> <tr> <td>C</td> </tr> </table>		C																			
C																							
Name of Employer BLANK ROME LLP	Occupation ATTORNEY	Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="4"></td> <td>2700.00</td> </tr> </table>						2700.00															
				2700.00																			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td colspan="4"></td> <td>2700.00</td> </tr> </table>						2700.00															
				2700.00																			

Subtotal Of Receipts This Page (optional).....	➔ <table border="1"> <tr> <td>3450.00</td> </tr> </table>	3450.00
3450.00		
Total This Period (last page this line number only).....	➔ <table border="1"> <tr> <td></td> </tr> </table>	

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HAROLD WHISTLER

Mailing Address 116 HUNTINGTON COURT

City	State	Zip Code
WILLIAMSVILLE	NY	14221

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128221

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
BRUCE WHITAKER

Mailing Address 25171 BLACK HORSE LN

City	State	Zip Code
LAGUNA HILLS	CA	92653

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128223

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ELIZABETH WHITAKER

Mailing Address 19 GRAYLYN AVENUE

City	State	Zip Code
WINSTON-SALEM	NC	27106

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128225

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			07			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN WHITAKER

Mailing Address 19 GRAYLYN PLACE

City State Zip Code
WINSTON-SALEM NC 27106

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128227

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
GERALD WHITBURN

Mailing Address 827 PARCHER STREET

City State Zip Code
WAUSAU WI 54403

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128229

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ARTHUR WHITE

Mailing Address 1271 CHATEAU ROAD

City State Zip Code
PASADENA CA 91105

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128231

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDDIE WHITE

Mailing Address 304 W BROAD ST

City	State	Zip Code
ELIZABETHTOWN	NC	28337

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	BUSINESS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128233

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
JIM WHITE

Mailing Address 1815 PTARMIGAN TRL

City	State	Zip Code
ESTES PARK	CO	80517

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128235

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	3		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
MARTHA G WHITE

Mailing Address 8816 MAIN STREET

City	State	Zip Code
NORTH RICHLAN	TX	76182

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128237

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL WHITE

Mailing Address 743 OLD TOWER RD

City State Zip Code
OCONOMOWOC WI 53066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128239

Date of Receipt

07 / 15 / 2015

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
RICH WHITE

Mailing Address 489 PLAZA LANE

City State Zip Code
PLYMOUTH WI 53073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KABA SALES

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128241

Date of Receipt

07 / 14 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
WALTER WHITE

Mailing Address 11523 WENDOVER LANE

City State Zip Code
HOUSTON TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ECONOMY POLYMERS AND CHEMICALS COO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128243

Date of Receipt

07 / 17 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional)..... **3450.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLARD WHITE

Mailing Address **8816 MAIN ST.**

City	State	Zip Code
N. RICHLND HL	TX	76182

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
--	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.128245

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

Amount of Each Receipt this Period

_____ 250.00

B. Full Name (Last, First, Middle Initial)
ALBERT WHITEHEAD

Mailing Address **6506 S LEWIS AVE**

City	State	Zip Code
TULSA	OK	74136

FEC ID number of contributing federal political committee. **C**

Name of Employer EMPIRE PETROLEUM PARTNERS LL	Occupation PRESIDENT
---	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.128247

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			03			2015			

Amount of Each Receipt this Period

_____ 1000.00

C. Full Name (Last, First, Middle Initial)
ALBERT WHITEHEAD

Mailing Address **6506 S LEWIS AVE**

City	State	Zip Code
TULSA	OK	74136

FEC ID number of contributing federal political committee. **C**

Name of Employer EMPIRE PETROLEUM PARTNERS LL	Occupation PRESIDENT
---	--------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1100.00

Transaction ID : SA17A.128248

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			03			2015			

Amount of Each Receipt this Period

_____ 100.00

Subtotal Of Receipts This Page (optional).....▶ _____ 1350.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 1759 / 2684

<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	17a	<input type="checkbox"/>	17b	<input type="checkbox"/>	17c	<input type="checkbox"/>	17d	<input type="checkbox"/>	18
<input type="checkbox"/>	19a	<input type="checkbox"/>	19b	<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) CHRISTIA P WHITON Mailing Address 900 BUSH ST City State Zip Code SAN FRANCISCO CA 94109 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation DC INTERNATIONAL ADVISORY CONSULTANT Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="500.00"/>	Transaction ID : SA17A.128255 Date of Receipt <input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="500.00"/>
B. Full Name (Last, First, Middle Initial) GARY WHITTAKER Mailing Address 746 RUSTIC LN City State Zip Code MOUNTAIN VIEW CA 94040 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation 1TALON LLC MANAGING MEMBER Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="2700.00"/>	Transaction ID : SA17A.128257 Date of Receipt <input type="text" value="07"/> / <input type="text" value="19"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="2700.00"/>
C. Full Name (Last, First, Middle Initial) A. HOWELL Mailing Address 384 NORTH SHORE DRIV City State Zip Code FONTANA WI 53125 FEC ID number of contributing federal political committee. <input type="text" value="C"/> Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <input type="text" value="1000.00"/>	Transaction ID : SA17A.128259 Date of Receipt <input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2015"/> Amount of Each Receipt this Period <input type="text" value="1000.00"/>

Subtotal Of Receipts This Page (optional)..... Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
KATHY E WICHERT

Mailing Address 13300 W SADDLEBOW DR

City	State	Zip Code
RENO	NV	89511

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.128261

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	5

Amount of Each Receipt this Period

_____	500.00
-------	--------

B. Full Name (Last, First, Middle Initial)
MICHAEL WICKMAN

Mailing Address 333 KRESS CT

City	State	Zip Code
GREEN BAY	WI	54301

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
IOD INC.	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128263

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Amount of Each Receipt this Period

_____	2700.00
-------	---------

C. Full Name (Last, First, Middle Initial)
THOMAS J WICKMAN

Mailing Address 1200 N MAYFAIR RD

City	State	Zip Code
MILWAUKEE	WI	53226

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
LEGACY CAPITAL PARTNERS	COUNSEL

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128265

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

_____	2700.00
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Subtotal Of Receipts This Page (optional).....▶ **5900.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARY WIDINER

Mailing Address P O BOX 22631

City	State	Zip Code
SANTA BARBARA	CA	93121

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WALPOLE & CO., LLP	CPA/ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128267

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			18			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
T. WIDMAN

Mailing Address 26176 FAIRMOUNT BOULEVARD

City	State	Zip Code
BEACHWOOD	OH	44122

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128268

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
AMY WIECKERT

Mailing Address 1 WEATHERSTONE DR

City	State	Zip Code
APPLETON	WI	54914

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WIECKERT REAL ESTATE	BROKERAGE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128270

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			20			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICK WIEGAND

Mailing Address **2308 W WISCONSIN AVE**

City **MILWAUKEE** State **WI** Zip Code **53233**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AMBASSADOR HOTEL** Occupation **0**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128272

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	5

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
RICHARD WIEHL

Mailing Address **204 SPRING HILL RD**

City **TRUMBULL** State **CT** Zip Code **06611**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CONSUMERS PETROLEUM** Occupation **EXECUTIVE**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128274

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	1	5

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
MAYRA B WIESSNER

Mailing Address **3 ARROWHEAD LN**

City **ROLLING HILLS** State **CA** Zip Code **90274**

FEC ID number of contributing federal political committee. **C**

Name of Employer **ATLAS ENGINE REBUILDING** Occupation **OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128276

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶ **4200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN WIGHT

Mailing Address 1909 E WINTER DR

City State Zip Code
PHOENIX AZ 85020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.128277

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
SHIRLEY WIKER

Mailing Address 32766 HALEY ROAD

City State Zip Code
DOWAGIAC MI 49047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ACCOUNTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.128279

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
WALTER WILD

Mailing Address 41-473 KALANIANAOLE

City State Zip Code
WAIMANALO HI 96795

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128281

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 900.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WALTER WILD

Mailing Address 41-473 KALANIANAOLE

City	State	Zip Code
WAIMANALO	HI	96795

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128282

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			22			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
WALTER WILD

Mailing Address 41-473 KALANIANAOLE

City	State	Zip Code
WAIMANALO	HI	96795

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128283

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			13			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
WALTER WILD

Mailing Address 41-473 KALANIANAOLE

City	State	Zip Code
WAIMANALO	HI	96795

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128284

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			01			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
WILLIAM WILEMON

Mailing Address **29855 HIDDENWOOD**

City State Zip Code
LAGUNA NIGUEL CA 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
DEVICEPHARM, INC. CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128286

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
LAWRENCE A WILEY

Mailing Address **108 N GREEN BAY RD**

City State Zip Code
APPLETON WI 54911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AKIN GUMP SC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128288

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
LAWRENCE A WILEY

Mailing Address **108 N GREEN BAY RD**

City State Zip Code
APPLETON WI 54911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AKIN GUMP SC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128289

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **6400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROSE WILKES

Mailing Address 316 RIDGELAND AVENUE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
290.00

Transaction ID : SA17A.128295

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
RICHARD L WILKEY

Mailing Address 5112 STATE ROAD 83

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE FISHER BARTON GROUP CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128297

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
RICHARD L WILKEY

Mailing Address 5112 STATE ROAD 83

City State Zip Code
HARTLAND WI 53029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE FISHER BARTON GROUP CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128298

Date of Receipt
M M / D D / Y Y Y Y
07 / 06 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5450.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SUSAN WILKEY

Mailing Address 5112 STATE ROAD 83

City	State	Zip Code
HARTLAND	WI	53029

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
CHENEQUA COUNTRY CLUB	TRUSTEE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128300

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	5

REATTRIBUTED

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
HENRY K WILLARD

Mailing Address PO BOX 3269

City	State	Zip Code
SHEPHERDSTOWN	WV	25443

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128302

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
DAVID WILLEFORD

Mailing Address 1870 IMPERIAL RD

City	State	Zip Code
OSHKOSH	WI	54904

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
H. DERKSEN & SONS. CO.	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128304

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TODD A WILLER

Mailing Address **W1545 GOLDEN GLOW ROAD**

City State Zip Code
FREEDOM WI 54130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128306

Date of Receipt
M M / D D / Y Y Y Y
09 15 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
STEPHEN D WILLETT

Mailing Address **300 STORMS RD**

City State Zip Code
PHILLIPS WI 54555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.128307

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
THOMAS WILLETTO

Mailing Address **10165 OXFORD RD**

City State Zip Code
NIWOT CO 80504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128309

Date of Receipt
M M / D D / Y Y Y Y
07 24 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional)..... **3300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
J D WILLIAMS

Mailing Address **30 EAST FOX CHASE ROAD**

City **ASHEVILLE** State **NC** Zip Code **28804**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.128324

Date of Receipt
M M / D D / Y Y Y Y
08 / 24 / 2015

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
JAMES WILLIAMS

Mailing Address **PO BOX 533**

City **LAKE FOREST** State **IL** Zip Code **60045**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128326

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KEITH WILLIAMS

Mailing Address **8437 BOIS D ARC LN**

City **RICHMOND** State **TX** Zip Code **77406**

FEC ID number of contributing federal political committee. **C**

Name of Employer **SKYHAWK CHEMICALS, INC.** Occupation **CHEMICAL SALES**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128328

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **1050.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LACY WILLIAMS

Mailing Address **NP63 LAKE CHEROKEE**

City State Zip Code
LONGVIEW TX 75603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-2700.00

Transaction ID : SA17A.128684

Date of Receipt
M M / D D / Y Y Y Y
07 08 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LINDA WILLIAMS

Mailing Address **PO BOX 1657**

City State Zip Code
TEMECULA CA 92593

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RESTAURANTS

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
215.00

Transaction ID : SA17A.128329

Date of Receipt
M M / D D / Y Y Y Y
09 19 2015

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
LINDSEY WILLIAMS

Mailing Address **53265 TROON TRL**

City State Zip Code
LA QUINTA CA 92253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128331

Date of Receipt
M M / D D / Y Y Y Y
07 13 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **1025.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK WILLIAMSON

Mailing Address 5519 S GRANDVIEW ST

City State Zip Code
LITTLE ROCK AR 72207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MARK V WILLAMSON CO INC I.H.S. AGENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128346

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
CLAYTON WILLMAN

Mailing Address 1533 GOLF VIEW DR. E.

City State Zip Code
SHEBOYGAN WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WILLMAN IND OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128348

Date of Receipt
M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BENJAMIN WILLNER

Mailing Address 155 AIRDALE RD

City State Zip Code
BRYN MAWR PA 19010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128350

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional).....▶ 3950.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRUCE WILSON

Mailing Address 1600 NORTH SIDE DRIVE

City ATLANTA State GA Zip Code 30318

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.128352

Date of Receipt
MM / DD / YYYY
07 / 23 / 2015

Amount of Each Receipt this Period
275.00

B. Full Name (Last, First, Middle Initial)
DONALD WILSON

Mailing Address 19160 STILL POINT ROAD

City BROOKFIELD State WI Zip Code 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
-2700.00

Transaction ID : SA17A.128777

Date of Receipt
MM / DD / YYYY
06 / 18 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DONALD WILSON

Mailing Address 19160 STILL POINT ROAD

City BROOKFIELD State WI Zip Code 53045

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128778

Date of Receipt
MM / DD / YYYY
06 / 18 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 275.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEANNE WILSON

Mailing Address 34 GALWAY PLACE

City	State	Zip Code
THE WOODLANDS	TX	77382

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.128358

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

_____ 500.00

B. Full Name (Last, First, Middle Initial)
JOELLEN WILSON

Mailing Address 5749 W BUENA VISTA AVEN

City	State	Zip Code
VISALIA	CA	93291

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1000.00

Transaction ID : SA17A.128360

Date of Receipt

M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

_____ 1000.00

C. Full Name (Last, First, Middle Initial)
KATHLEEN WILSON

Mailing Address 19160 STILL POINT ROAD

City	State	Zip Code
BROOKFIELD	WI	53045

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128776

Date of Receipt

M M / D D / Y Y Y Y
06 / 24 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

_____ 2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ _____ 1500.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MICHAEL WILSON

Mailing Address 5113 SOUTHWEST PARKWAY #115

City	State	Zip Code
AUSTIN	TX	78735

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
DAVIS & WRIGHT PC	ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128362

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

B. Full Name (Last, First, Middle Initial)
PHIL WILSON

Mailing Address 600 LANE 280 LAKE JA

City	State	Zip Code
ANGOLA	IN	46703

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128364

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

C. Full Name (Last, First, Middle Initial)
RICHARD WILSON

Mailing Address 11475 CAGLE RD

City	State	Zip Code
ARBOR VITAE	WI	54568

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
PUKALL LUMBER	MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128366

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

<input type="text" value="250.00"/>

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SCOTT W WINE

Mailing Address 18515 8TH AVENUE NORTH

City	State	Zip Code
PLYMOUTH	MN	55447

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
POLARIS INDURST	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128379

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

SEE REATTRIBUTION

Amount of Each Receipt this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LORRAINE WINK

Mailing Address 611 S OAKLAND AVENUE

City	State	Zip Code
VILLA PARK	IL	60181

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128380

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KAREN WINKLER

Mailing Address 599 E. HOBCAW DR.

City	State	Zip Code
MT. PLEASANT	SC	29464

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128381

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			01			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1786 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CHLOE M WINSTON

Mailing Address 14284 INDIAN ACRES TRAIL

City State Zip Code
REDDING CA 96003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.128382

Date of Receipt

M M / D D / Y Y Y Y
09 / 02 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
RICHARD L WINTER

Mailing Address 2700 N OCEAN DRIVE #250

City State Zip Code
WEST PALM BEACH FL 33404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEATH CARE INVESTMENTS, HEALTH CARE CONSU

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128384

Date of Receipt

M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
RICHARD L WINTER

Mailing Address 2700 N OCEAN DRIVE #250

City State Zip Code
WEST PALM BEACH FL 33404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HEATH CARE INVESTMENTS, HEALTH CARE CONSU

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.128385

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

1500.00

Subtotal Of Receipts This Page (optional).....▶ 2600.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) DENISE WISEMAN Mailing Address 9810 STATE HIGHWAY 220 City CASPER State WY Zip Code 82604 FEC ID number of contributing federal political committee. C Name of Employer RETIRED Occupation RETIRED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SA17A.128392 Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2015 Amount of Each Receipt this Period 1000.00
Election Cycle-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) TODD M WITMER Mailing Address 1003 CORNERSTONE DR City MOUNT JOY State PA Zip Code 17552 FEC ID number of contributing federal political committee. C Name of Employer THE WITMER GROUP Occupation CEO Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SA17A.128394 Date of Receipt M M / D D / Y Y Y Y 07 / 31 / 2015 Amount of Each Receipt this Period 1000.00
Election Cycle-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) CHRISTOP W WITZLIB Mailing Address 1651 WILLOW DR City PORT WASHINGT State WI Zip Code 53074 FEC ID number of contributing federal political committee. C Name of Employer GOOD HOPE MANOR MILWAUKEE LL Occupation PRESIDENT Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SA17A.128396 Date of Receipt M M / D D / Y Y Y Y 07 / 22 / 2015 Amount of Each Receipt this Period 500.00
Election Cycle-to-Date ▼ 500.00		

Subtotal Of Receipts This Page (optional).....▶ 2500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HOWARD WIXSON

Mailing Address 4801 GREEN OAKS DR

City	State	Zip Code
COLLEYVILLE	TX	76034

FEC ID number of contributing federal political committee.

Name of Employer DEALER INSURANCE AGENCY	Occupation INSURANCE AGENT
---	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128397

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	13	/	2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
HOWARD WIXSON

Mailing Address 4801 GREEN OAKS DR

City	State	Zip Code
COLLEYVILLE	TX	76034

FEC ID number of contributing federal political committee.

Name of Employer DEALER INSURANCE AGENCY	Occupation INSURANCE AGENT
---	-------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128398

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	29	/	2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
TIMOTHY WNUK

Mailing Address 13350 BRAEMAR DRIVE

City	State	Zip Code
ELM GROVE	WI	53122

FEC ID number of contributing federal political committee.

Name of Employer ASSOCIATED BANK	Occupation BANKER
-------------------------------------	----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128400

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	13	/	2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BRIAN & KIM WOGERNESE

Mailing Address 2987 ROSE MOON WAY

City State Zip Code
NEENAH WI 54956

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COBBLESTONE HOTELS, LLC SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128402

Date of Receipt
M M / D D / Y Y Y Y
07 / 07 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
D. G WOGERNESE

Mailing Address P.O. BOX 165

City State Zip Code
EAU CLAIRE WI 54702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128404

Date of Receipt
M M / D D / Y Y Y Y
07 / 28 / 2015

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
BONNIE WOKATSCH

Mailing Address 2612 N 120TH AVE

City State Zip Code
WAUSAU WI 54401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128406

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ 6400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELAINE WOLD

Mailing Address 1515 S FEDERAL HWY

City	State	Zip Code
BOCA RATON	FL	33432

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128408

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			09			2015			

Amount of Each Receipt this Period

<input type="text" value="2700.00"/>

B. Full Name (Last, First, Middle Initial)
HERBERT O WOLDING

Mailing Address PO BOX 56

City	State	Zip Code
NELSONVILLE	WI	54458

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
H.O WOLDING	PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128410

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2015			

Amount of Each Receipt this Period

<input type="text" value="300.00"/>

C. Full Name (Last, First, Middle Initial)
RICHARD H WOLDING

Mailing Address PO BOX 68

City	State	Zip Code
NELSONVILLE	WI	54458

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
WOLDING	DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128412

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			30			2015			

Amount of Each Receipt this Period

<input type="text" value="500.00"/>

Subtotal Of Receipts This Page (optional).....▶

<input type="text" value="3500.00"/>

Total This Period (last page this line number only).....▶

<input type="text"/>

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AUGUST WOLF

Mailing Address 150 SOUTHFIELD AVENUE

City State Zip Code
STAMFORD CT 06902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128414

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
JULIANN WOLF

Mailing Address 920 NORTHVIEW AVE.

City State Zip Code
GREAT FALLS MT 59404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.128415

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
50.00

C. Full Name (Last, First, Middle Initial)
JULIANN WOLF

Mailing Address 920 NORTHVIEW AVE.

City State Zip Code
GREAT FALLS MT 59404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128416

Date of Receipt
M M / D D / Y Y Y Y
09 / 01 / 2015

Amount of Each Receipt this Period
25.00

Subtotal Of Receipts This Page (optional).....▶ 2775.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

(check only one)

PAGE 1793 / 2684

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) RAND WOLF Mailing Address 9439 N LAKE DR City State Zip Code MILWAUKEE WI 53217 FEC ID number of contributing federal political committee. C Name of Employer Occupation SELF-EMPLOYED REAL ESTATE Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 500.00			Transaction ID : SA17A.128418 Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2015 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) CAROL B WOLFE Mailing Address 3941 HILLTOP DR City State Zip Code HURON OH 44839 FEC ID number of contributing federal political committee. C Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 250.00			Transaction ID : SA17A.128419 Date of Receipt M M / D D / Y Y Y Y 09 / 07 / 2015 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) PAMELA WOLFE Mailing Address 1006 EDIN BOROUGH COURT City State Zip Code LAKE GENEVA WI 53147 FEC ID number of contributing federal political committee. C Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ Amount of Each Receipt this Period 250.00			Transaction ID : SA17A.128421 Date of Receipt M M / D D / Y Y Y Y 08 / 10 / 2015 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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD WOLFE

Mailing Address 5369 RIDGE DR

City State Zip Code
TRINITY NC 27370

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.128422

Date of Receipt

M M / D D / Y Y Y Y
08 / 26 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
JAMES F WOLFF

Mailing Address 409 BAYWOOD DR

City State Zip Code
NICEVILLE FL 32578

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128423

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
NANCY WOLFORD

Mailing Address 922 41ST STREET

City State Zip Code
SACRAMENTO CA 95819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128425

Date of Receipt

M M / D D / Y Y Y Y
06 / 22 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ 450.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1795 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
NANCY WOLFORD

Mailing Address 922 41ST STREET

City State Zip Code
SACRAMENTO CA 95819

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
350.00

Transaction ID : SA17A.128426

Date of Receipt
M M / D D / Y Y Y Y
07 / 17 / 2015

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
TERRY WOLFRATH

Mailing Address 4840 NAPOLI CT NE

City State Zip Code
SAINT PETERSB FL 33703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.128428

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
203.00

C. Full Name (Last, First, Middle Initial)
OTTO J WOLTER

Mailing Address 240 MONASTERY HILL DR

City State Zip Code
OCONOMOWOC WI 53066

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WISCONSIN LIFTY CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.128429

Date of Receipt
M M / D D / Y Y Y Y
09 / 28 / 2015

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional).....▶ 503.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

(check only one)
 16 17a 17b 17c 17d 18
 19a 19b 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RICHARD WOLTMAN

Mailing Address 15753 EL CAMINO REAL

City State Zip Code
RANCHO SANTA FE CA 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 1500.00

Transaction ID : SA17A.128431

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 22 / 2015

Amount of Each Receipt this Period
 _____ 1500.00

B. Full Name (Last, First, Middle Initial)
JOHN WOMBACHER

Mailing Address 21 BARLEY CIR

City State Zip Code
BLOOMINGTON IL 61704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.128433

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 03 / 2015

Amount of Each Receipt this Period
 _____ 250.00

C. Full Name (Last, First, Middle Initial)
MATTHEW WOMBLE

Mailing Address 8 SOUND SHORE DRIVE, SUITE 200

City State Zip Code
GREENWICH CT 06830

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EVERWATCH CAPITAL MANAGING DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 500.00

Transaction ID : SA17A.128435

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 22 / 2015

Amount of Each Receipt this Period
 _____ 500.00

Subtotal Of Receipts This Page (optional).....▶ _____ 2250.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CARRIE WOOD

Mailing Address 813 VICAR LANE

City State Zip Code
ALEXANDRIA VA 22302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128770

Date of Receipt
MM / DD / YYYY
06 / 26 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROBERT WOOD

Mailing Address 813 VICAR LANE

City State Zip Code
ALEXANDRIA VA 22302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BGR GROUP CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128437

Date of Receipt
MM / DD / YYYY
06 / 26 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
ROBERT WOOD

Mailing Address 813 VICAR LANE

City State Zip Code
ALEXANDRIA VA 22302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BGR GROUP CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128768

Date of Receipt
MM / DD / YYYY
06 / 26 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 1798 / 2684

(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LEIGH C WOODALL

Mailing Address 200 READE DR.

City State Zip Code
ROXBORO NC 27573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128439

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
LEIGH C WOODALL

Mailing Address 200 READE DR.

City State Zip Code
ROXBORO NC 27573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.128440

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

150.00

C. Full Name (Last, First, Middle Initial)
LEIGH C WOODALL

Mailing Address 200 READE DR.

City State Zip Code
ROXBORO NC 27573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Transaction ID : SA17A.128441

Date of Receipt

M M / D D / Y Y Y Y
08 / 31 / 2015

Amount of Each Receipt this Period

300.00

Subtotal Of Receipts This Page (optional).....▶ 700.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) HENRY S WOODBRIDGE JR		Transaction ID : SA17A.128443 Date of Receipt <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>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	4		2	0	1	5													
Mailing Address P.O. BOX 228 100 KINGS HIGHWAY City POMFRET State CT Zip Code 06258		Amount of Each Receipt this Period <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	5	0	0	.	0	0													
2	5		0	0	.	0	0															
FEC ID number of contributing federal political committee. C																						
Name of Employer RETIRED	Occupation RETIRED																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	5	0	0	.	0	0													
2	5	0	0	.	0	0																

B. Full Name (Last, First, Middle Initial) HENRY S WOODBRIDGE JR		Transaction ID : SA17A.128444 Date of Receipt <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>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	4		2	0	1	5													
Mailing Address P.O. BOX 228 100 KINGS HIGHWAY City POMFRET State CT Zip Code 06258		Amount of Each Receipt this Period <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	5	0	0	.	0	0													
2	5		0	0	.	0	0															
FEC ID number of contributing federal political committee. C																						
Name of Employer RETIRED	Occupation RETIRED																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	5	0	0	.	0	0														
5	0	0	.	0	0																	

C. Full Name (Last, First, Middle Initial) WARD WOODRUFF		Transaction ID : SA17A.128446 Date of Receipt <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>7</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	4		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	4		2	0	1	5													
Mailing Address 230 SCANTIC RD. City EAST WINDSOR State CT Zip Code 06088		Amount of Each Receipt this Period <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	5	0	0	.	0	0													
2	5		0	0	.	0	0															
FEC ID number of contributing federal political committee. C																						
Name of Employer HURLEY & DAVID, INC.	Occupation EXECUTIVE																					
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2</td><td>5</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	2	5	0	.	0	0														
2	5	0	.	0	0																	

Subtotal Of Receipts This Page (optional)	<table border="1"> <tr> <td>7</td><td>5</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	7	5	0	.	0	0
7	5	0	.	0	0		
Total This Period (last page this line number only)	<table border="1"> <tr> <td>7</td><td>5</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	7	5	0	.	0	0
7	5	0	.	0	0		

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DOUGLAS WOODS

Mailing Address 9201 W WYNDHAM HILLS COURT

City	State	Zip Code
FRANKLIN	WI	53132

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 220.00

Transaction ID : SA17A.128448

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	0	/	2	0	1	5

Amount of Each Receipt this Period
 _____ 220.00

B. Full Name (Last, First, Middle Initial)
PHYLLIS WOODS

Mailing Address 1 BARRY STREET

City	State	Zip Code
DOVER	NH	03820

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128450

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	1	5

Amount of Each Receipt this Period
 _____ 2700.00

C. Full Name (Last, First, Middle Initial)
DANE WORKMAN

Mailing Address 3256 TANGLEWOOD DR

City	State	Zip Code
SPRINGDALE	AR	72764

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.128452

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	9	/	2	0	1	5

Amount of Each Receipt this Period
 _____ 250.00

Subtotal Of Receipts This Page (optional).....▶ _____ 3170.00

Total This Period (last page this line number only).....▶ _____

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BEVERLY WORTH

Mailing Address **6320 NE WOODSTOCK DR.**

City State Zip Code
LEE'S SUMMIT MO 64064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLUE SPRINGS HARLEY DAVIDSON MOTORCYCLE DEALER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128454

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MARVIN WORZELLA

Mailing Address **2411 OPPORTUNITY LN**

City State Zip Code
PLOVER WI 54467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WOZELLA SONS & INC OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128456

Date of Receipt
M M / D D / Y Y Y Y
08 05 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
NORMAN WORZELLA

Mailing Address **1911 CLAR-RE DRIVE**

City State Zip Code
PLOVER WI 54467

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WORZELLA & SONS INC. OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128458

Date of Receipt
M M / D D / Y Y Y Y
08 12 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional).....▶ **1750.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RIAN WREN

Mailing Address 903 OAK STREET

City	State	Zip Code
WINNETKA	IL	60093

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128460

Date of Receipt

M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
ALAN WRIGHT

Mailing Address 286 PORTRUSH LOOP

City	State	Zip Code
PAWLEYS ISLAND	SC	29585

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128462

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
CARL WRIGHT

Mailing Address 12920 MARSH LNDG

City	State	Zip Code
WEST PALM BEA	FL	33418

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128464

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ELIZABETH WRIGHT

Mailing Address **19 RANDOM ROAD**

City	State	Zip Code
ENGLEWOOD	CO	80113

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
HOMEMAKER	HOMEMAKER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.128465

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	50.00
---	--------------

B. Full Name (Last, First, Middle Initial)
JAMES L WRIGHT

Mailing Address **4279 W LINDA DRIVE**

City	State	Zip Code
DOUGLASVILLE	GA	30134

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Transaction ID : SA17A.128466

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	150.00
---	---------------

C. Full Name (Last, First, Middle Initial)
JAMES L WRIGHT

Mailing Address **4279 W LINDA DRIVE**

City	State	Zip Code
DOUGLASVILLE	GA	30134

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Transaction ID : SA17A.128467

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	1	5

Amount of Each Receipt this Period

<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	100.00
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Subtotal Of Receipts This Page (optional)..... **300.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JASON R WRIGHT

Mailing Address 11 ELDEN DR

City State Zip Code
SADDLE RIVER NJ 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SKYBRIDGE CAPITAL INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128469

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
JASON R WRIGHT

Mailing Address 11 ELDEN DR

City State Zip Code
SADDLE RIVER NJ 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SKYBRIDGE CAPITAL INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128470

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

SEE REDESIGNATION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JASON R WRIGHT

Mailing Address 11 ELDEN DR

City State Zip Code
SADDLE RIVER NJ 07458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SKYBRIDGE CAPITAL INVESTMENT MANAGEMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128471

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

REDESIGNATED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JOHN D WRIGHT

Mailing Address **5476 CLEAR CREEK BOULEV**

City **FAYETTEVILLE** State **AR** Zip Code **72704**

FEC ID number of contributing federal political committee. **C**

Name of Employer **JB HUNT** Occupation **VP-OPERATIONS**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128473

Date of Receipt

09 / 14 / 2015

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
LEON T WRIGHT

Mailing Address **1006 SLATEWORTH DRIVE**

City **DURHAM** State **NC** Zip Code **27703**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.128474

Date of Receipt

09 / 04 / 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
WILLIAM E WUESTHOFF

Mailing Address **10737 N ESSEX CT**

City **MEQUON** State **WI** Zip Code **53092**

FEC ID number of contributing federal political committee. **C**

Name of Employer **CONCOURS MOTORS, INC.** Occupation **AUTO DEALER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128476

Date of Receipt

07 / 31 / 2015

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional)..... **2100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DALLAS WUETHRICH

Mailing Address **204 E HINKER RD**

City State Zip Code
GREENWOOD WI 54437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GRASSLAND DAIRY PRODUCTS INC PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128478

Date of Receipt

07 / 17 / 2015

Amount of Each Receipt this Period

2700.00

B. Full Name (Last, First, Middle Initial)
TAYT WUETHRICH

Mailing Address **W6026 COUNTY RD. G**

City State Zip Code
GREENWOOD WI 54437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GRASSLAND DAIRY PRODUCTS INC. OWNER/CHAIRMAN OF THE BOARD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128480

Date of Receipt

06 / 30 / 2015

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRED J WULFF

Mailing Address **2959 S DETROIT WAY**

City State Zip Code
DENVER CO 80210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128482

Date of Receipt

07 / 27 / 2015

Amount of Each Receipt this Period

500.00

Subtotal Of Receipts This Page (optional)..... **4200.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
HOWARD WURGLER

Mailing Address **W234 S5370 BIG BEND RD**

City **WAUKESHA** State **WI** Zip Code **53189**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MIDWEST STAIRS AND IRON INC** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128484

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2015			

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
HOWARD WURGLER

Mailing Address **W234 S5370 BIG BEND RD**

City **WAUKESHA** State **WI** Zip Code **53189**

FEC ID number of contributing federal political committee. **C**

Name of Employer **MIDWEST STAIRS AND IRON INC** Occupation **BUSINESS OWNER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128485

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			17			2015			

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
ROBERT WURTZ

Mailing Address **18550 W CAPITOL DRIVE**

City **BROOKFIELD** State **WI** Zip Code **53045**

FEC ID number of contributing federal political committee. **C**

Name of Employer **AEGIS CORPORATION** Occupation **N/A**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128487

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2015			

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ **3200.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROY WUTHIER

Mailing Address 714 VINTAGE LANE

City State Zip Code
COLUMBIA SC 29210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128488

Date of Receipt

09 / 04 / 2015

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
MARY WUTKE

Mailing Address 6 SHEFFORD CIRCLE

City State Zip Code
MADISON WI 53719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128490

Date of Receipt

07 / 20 / 2015

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
MARY WUTKE

Mailing Address 6 SHEFFORD CIRCLE

City State Zip Code
MADISON WI 53719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FINANCE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128491

Date of Receipt

08 / 17 / 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional)..... **600.00**

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JEAN WYATT

Mailing Address 18460 LAKE FORREST DRIVE

City	State	Zip Code
PENN VALLY	CA	95946

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128492

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			18			2015			

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RICHARD WYCKOFF

Mailing Address 800 J ST
4

City	State	Zip Code
SACRAMENTO	CA	95814

FEC ID number of contributing federal political committee.

Name of Employer DIGNITY HEALTH	Occupation LAWYER
------------------------------------	----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128494

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			23			2015			

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
EARLE WYMER

Mailing Address 3531 HANOVER AVE

City	State	Zip Code
RICHMOND	VA	23221

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128496

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EARLE WYMER

Mailing Address 3531 HANOVER AVE

City Richmond State VA Zip Code 23221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Transaction ID : SA17A.128497

Date of Receipt

M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period

300.00

B. Full Name (Last, First, Middle Initial)
EARLE WYMER

Mailing Address 3531 HANOVER AVE

City Richmond State VA Zip Code 23221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Transaction ID : SA17A.128498

Date of Receipt

M M / D D / Y Y Y Y
09 / 03 / 2015

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
KATHERINE WYNNE

Mailing Address 4041 CAPP'S DRIVE

City DALLAS State TX Zip Code 75209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128500

Date of Receipt

M M / D D / Y Y Y Y
09 / 04 / 2015

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-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARGARET WYNNE

Mailing Address 1607 N JEFFERSON ST

City State Zip Code
ARLINGTON VA 22205

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
U.S. GOVERNMENT SPECIALIST

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128502

Date of Receipt

M M / D D / Y Y Y Y
07 / 14 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
LOUIS WYSOCKI

Mailing Address 2041 COUNTY ROAD J

City State Zip Code
CUSTER WI 54423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128504

Date of Receipt

M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)
SHARON L WYSOCKI

Mailing Address 2204 COUNTY HIGHWAY

City State Zip Code
CUSTER WI 54423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128506

Date of Receipt

M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period

2700.00

Subtotal Of Receipts This Page (optional).....▶ 5650.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
RUTH YARBROUGH

Mailing Address 16050 FONTAINE AVENUE

City	State	Zip Code
AUSTIN	TX	78734

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 250.00

Transaction ID : SA17A.128508

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Amount of Each Receipt this Period

_____	250.00
-------	--------

B. Full Name (Last, First, Middle Initial)
NATALIE F YATES

Mailing Address 1260 OAKDALE DRIVE

City	State	Zip Code
YORK	PA	17403

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
INFORMATION REQUESTED	INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128510

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Amount of Each Receipt this Period

_____	2700.00
-------	---------

C. Full Name (Last, First, Middle Initial)
PHILIP R YATES

Mailing Address 1260 OAKDALE DRIVE

City	State	Zip Code
YORK	PA	17403

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
SELF-EMPLOYED	CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2700.00

Transaction ID : SA17A.128512

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	5

Amount of Each Receipt this Period

_____	2700.00
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Subtotal Of Receipts This Page (optional).....▶ **5650.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
S T YATES

Mailing Address **PO BOX 2128**

City **BLOWING ROCK** State **NC** Zip Code **28605**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128514

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2015

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
EDWARD YAVITZ

Mailing Address **12375 LEGEND LAKES DRIVE**

City **ROSCOE** State **IL** Zip Code **61073**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128516

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
GILBERT YBARRA

Mailing Address **4149 BYRON ST**

City **HOUSTON** State **TX** Zip Code **77005**

FEC ID number of contributing federal political committee. **C**

Name of Employer **YBARRA INVESTMENTS, INC.** Occupation **PRESIDENT/CEO**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128518

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
1000.00

Subtotal Of Receipts This Page (optional)..... **2250.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
BEVERLY YEAGER

Mailing Address 255 CHERRY LANE

City State Zip Code
PALM BEACH FL 33480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.128519

Date of Receipt

M M / D D / Y Y Y Y
07 21 2015

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
BEVERLY YEAGER

Mailing Address 255 CHERRY LANE

City State Zip Code
PALM BEACH FL 33480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Transaction ID : SA17A.128520

Date of Receipt

M M / D D / Y Y Y Y
09 04 2015

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
MATTHEW YERKOVICH

Mailing Address 5636 GOODPASTURE GLEN

City State Zip Code
BRADENTON FL 34211

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128522

Date of Receipt

M M / D D / Y Y Y Y
07 20 2015

Amount of Each Receipt this Period

250.00

Subtotal Of Receipts This Page (optional).....▶ **550.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARVIN YORK

Mailing Address **88 HOLLY DR**

City **DAWSONVILLE** State **GA** Zip Code **20534**

FEC ID number of contributing federal political committee. **C**

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
203.00

Transaction ID : SA17A.128529

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
203.00

B. Full Name (Last, First, Middle Initial)
NICOLE YOSS

Mailing Address **2243 PRAIRIE AVE. SUITE 1**

City **BELOIT** State **WI** Zip Code **53511**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128531

Date of Receipt
M M / D D / Y Y Y Y
08 / 27 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
DANIEL YOST

Mailing Address **982 NEUHAVEN DR**

City **ANTIOCH** State **IL** Zip Code **60002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **EBCG, LLC** Occupation **BENEFIT CONSULTANT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128533

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional)..... **953.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MAY YOUMANS

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED

Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
50.00

Transaction ID : SA17A.114608

Date of Receipt

M M / D D / Y Y Y Y
08 / 18 / 2015

REATTRIBUTED

Amount of Each Receipt this Period

50.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ALAN J YOUNG

Mailing Address 1750 BRAESIDE LANE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128535

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
ALAN J YOUNG

Mailing Address 1750 BRAESIDE LANE

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128536

Date of Receipt

M M / D D / Y Y Y Y
08 / 25 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 5400.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ALISON YOUNG

Mailing Address **322 LAWRENCE COURT**

City State Zip Code
PHILADELPHIA PA 19106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128538

Date of Receipt
M M / D D / Y Y Y Y
08 10 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
CARA YOUNG

Mailing Address **1750 BRAESIDE LANE**

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Transaction ID : SA17A.128540

Date of Receipt
M M / D D / Y Y Y Y
08 25 2015

REATTRIBUTED

Amount of Each Receipt this Period
2500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
CARA YOUNG

Mailing Address **1750 BRAESIDE LANE**

City State Zip Code
NORTHBROOK IL 60062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128541

Date of Receipt
M M / D D / Y Y Y Y
08 25 2015

REATTRIBUTED

Amount of Each Receipt this Period
200.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ **2700.00**

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRED M YOUNG

Mailing Address 3201 MICHIGAN BLVD

City State Zip Code
RACINE WI 53402

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128543

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
FRED M YOUNG

Mailing Address 3201 MICHIGAN BLVD

City State Zip Code
RACINE WI 53402

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128544

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
JAMES YOUNG

Mailing Address 100 N. CORPORATE DRIVE - SUITE 100

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128545

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) KATHRYN YOUNG			Transaction ID : SA17A.128547		
Mailing Address 900 S MEADOWS PKWY #3424			Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2015		
City RENO	State NV	Zip Code 89521	Amount of Each Receipt this Period 2700.00		
FEC ID number of contributing federal political committee. C					
Name of Employer RETIRED		Occupation RETIRED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2700.00			

B. Full Name (Last, First, Middle Initial) ROY P YOUNG			Transaction ID : SA17A.128549		
Mailing Address 1120 DOUGLAS BLVD			Date of Receipt M M / D D / Y Y Y Y 07 / 14 / 2015		
City ROSEVILLE	State CA	Zip Code 95678	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C					
Name of Employer SELF-EMPLOYED		Occupation INSURANCE AGENT			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00			

C. Full Name (Last, First, Middle Initial) WILLIAM YOUNG			Transaction ID : SA17A.128551		
Mailing Address 625 COUNTRY CLUB ROAD			Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2015		
City CAMP HILL	State PA	Zip Code 17011	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer INFORMATION REQUESTED		Occupation INFORMATION REQUESTED			
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00			

Subtotal Of Receipts This Page (optional).....▶ **3450.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
EDWARD ZAJONC

Mailing Address 1435 VALLE GRANDE

City State Zip Code
ESCONDIDO CA 92025

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED BUSINESS DEVELOPMENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128558

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RICHARD ZAMBONI

Mailing Address 15714 COLORADO AVE

City State Zip Code
PARAMOUNT CA 90723

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128560

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
HUMBERTO ZAMORA

Mailing Address 18007 WILLOW STREET

City State Zip Code
HESPERIA CA 92345

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128562

Date of Receipt
M M / D D / Y Y Y Y
09 / 08 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
DIANE C ZARAGOZA

Mailing Address 2309 RIVER GRAND DRIVE

City State Zip Code
VESTAVIA HILL AL 35243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128569

Date of Receipt
M M / D D / Y Y Y Y
08 / 23 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
DENISE ZARINS

Mailing Address 20746 VERDE VISTA LN

City State Zip Code
SARATOGA CA 95070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT - MEDICAL DEVICE INDU

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128571

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
ALLEN ZAUG

Mailing Address 250 N PARK AVENUE

City State Zip Code
NEENAH WI 54956

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128573

Date of Receipt
M M / D D / Y Y Y Y
08 / 17 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1750.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT ZEIDMAN

Mailing Address 15565 SWISS CREEK LANE

City State Zip Code
CUPERTINO CA 95014

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ZEIDMAN CONSULTING ENTREPRENEUR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.129147

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2015

CHARGEBACK

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
RONALD ZELLMER

Mailing Address 607B HICKORY HOLLOW ROAD

City State Zip Code
WATERFORD WI 53185

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128586

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2015

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
ZACH ZHANG

Mailing Address 465 PARKCHESTER ROAD

City State Zip Code
BUFFALO GROVE IL 60089

FEC ID number of contributing federal political committee.

Name of Employer Occupation
LEYARD AMERICAN CORP MANAGER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128588

Date of Receipt
M M / D D / Y Y Y Y
07 / 15 / 2015

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
QUAN ZHOU

Mailing Address 105 LYMAN RD

City	State	Zip Code
CHESTNUT HILL	MA	02467

FEC ID number of contributing federal political committee.

Name of Employer IDG	Occupation MANAGER
-------------------------	-----------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128590

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
JASON ZIEGLER

Mailing Address 10552 OAKMONT WAY

City	State	Zip Code
CONCORD TOWNSHIP	OH	44077

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128592

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
KEITH ZIEGLER

Mailing Address 10552 OAKMONT WAY

City	State	Zip Code
CONCORD TOWNS	OH	44077

FEC ID number of contributing federal political committee.

Name of Employer CLEVELAND CONSTRUCTION INC.	Occupation SENIOR VICE PRESIDENT OF CONSTRU
---	--

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.128594

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
AMY ZIETLOW

Mailing Address **N2446 THREE TOWN ROAD**

City State Zip Code
LA CROSSE WI 54601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KWIK TRIP VP

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128596

Date of Receipt
M M / D D / Y Y Y Y
07 10 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
DONALD P ZIETLOW

Mailing Address **2122 OAK ST**

City State Zip Code
LA CROSSE WI 54603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KWIK TRIP, INC. PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128598

Date of Receipt
M M / D D / Y Y Y Y
06 25 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
HANS K ZIETLOW

Mailing Address **1830 ALPINE PL**

City State Zip Code
ONALASKA WI 54650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KWIK TRIP DIRECTOR OF REAL ESTATE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.128600

Date of Receipt
M M / D D / Y Y Y Y
07 09 2015

Amount of Each Receipt this Period
1500.00

Subtotal Of Receipts This Page (optional).....▶ **1500.00**

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
JILL S ZIETLOW

Mailing Address 1301 7TH ST SW

City	State	Zip Code
ROCHESTER	MN	55902

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
MAYO CLINIC	DOCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.128602

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	1	5

REATTRIBUTED

Amount of Each Receipt this Period

2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
LA VONNE ZIETLOW

Mailing Address 2802 BERGAMOT PL

City	State	Zip Code
ONALASKA	WI	54650

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KWIK TRIP	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 5400.00

Transaction ID : SA17A.128604

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

5400.00

C. Full Name (Last, First, Middle Initial)
LA VONNE ZIETLOW

Mailing Address 2802 BERGAMOT PL

City	State	Zip Code
ONALASKA	WI	54650

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
KWIK TRIP	CEO

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2700.00

Transaction ID : SA17A.128605

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	5

SEE REATTRIBUTION

Amount of Each Receipt this Period

-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 5400.00

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
MARK ZIETLOW

Mailing Address 1301 7TH ST SW

City State Zip Code
ROCHESTER MN 55902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KWIK TRIP COPORATE INTERN

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Transaction ID : SA17A.128607

Date of Receipt
M M / D D / Y Y Y Y
07 / 13 / 2015

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
SCOTT ZIETLOW

Mailing Address 1301 7TH ST SW

City State Zip Code
ROCHESTER MN 55902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAYO CLINIC DOCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128609

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

SEE REATTRIBUTION
Amount of Each Receipt this Period
5400.00

C. Full Name (Last, First, Middle Initial)
SCOTT ZIETLOW

Mailing Address 1301 7TH ST SW

City State Zip Code
ROCHESTER MN 55902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MAYO CLINIC DOCTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128610

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2015

SEE REATTRIBUTION
Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....▶ 6900.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
STEVEN ZIETLOW

Mailing Address **N2448 THREE TOWN RD**

City State Zip Code
LA CROSSE WI 54601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KWIK TRIP VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128612

Date of Receipt
M M / D D / Y Y Y Y
07 10 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

B. Full Name (Last, First, Middle Initial)
STEVEN ZIETLOW

Mailing Address **N2448 THREE TOWN RD**

City State Zip Code
LA CROSSE WI 54601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
KWIK TRIP VICE PRESIDENT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128613

Date of Receipt
M M / D D / Y Y Y Y
07 10 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
JOHN ZILLMER

Mailing Address **30 BASSETT HUNT LANE**

City State Zip Code
GLENMOORE PA 19343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ECL, RAI, VRTV CORPORATE BOARD DIRECTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128615

Date of Receipt
M M / D D / Y Y Y Y
06 18 2015

Amount of Each Receipt this Period
2700.00

Subtotal Of Receipts This Page (optional)..... **8100.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LINDA S ZIMBAL

Mailing Address 6020 WILSON LIMA RD

City State Zip Code
OOSTBURG WI 53070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ZIMBAL MINKERY MINK FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
398.00

Transaction ID : SA17A.128616

Date of Receipt
M M / D D / Y Y Y Y
07 / 27 / 2015

Amount of Each Receipt this Period
199.00

B. Full Name (Last, First, Middle Initial)
DAN ZIMMERMAN

Mailing Address W10634 STATE ROAD 23

City State Zip Code
ROSENDALE WI 54974

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128618

Date of Receipt
M M / D D / Y Y Y Y
08 / 11 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
KAREN R ZIMMERMAN

Mailing Address 16 N VINCENNES CIRCLE

City State Zip Code
RACINE WI 53402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.128620

Date of Receipt
M M / D D / Y Y Y Y
09 / 11 / 2015

Amount of Each Receipt this Period
250.00

Subtotal Of Receipts This Page (optional).....▶ 949.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT ZIMMERMAN

Mailing Address 942 FRANKLIN AVE

City State Zip Code
RIVER FOREST IL 60305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WEST SUBURBAN UROLOGY M.D.

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128622

Date of Receipt
M M / D D / Y Y Y Y
07 / 20 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
WALTER S ZIMOLONG

Mailing Address 915 CARPENTER ST

City State Zip Code
PHILADELPHIA PA 19147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ZIMOLONG LLC ATTORNEY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128624

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2015

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
MARJORIE J ZISKOVSKY

Mailing Address 109 SOUTH BROADWAY STRE

City State Zip Code
TOLEDO IA 52342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128626

Date of Receipt
M M / D D / Y Y Y Y
08 / 19 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 2000.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1835 / 2684

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<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TED ZOOK

Mailing Address **745 LOCUST ST.**

City **WINNETKA** State **IL** Zip Code **60093**

FEC ID number of contributing federal political committee. **C**

Name of Employer **KIRKLAND & ELLIS LLP** Occupation **ATTORNEY**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128628

Date of Receipt
M M / D D / Y Y Y Y
07 / 29 / 2015

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
BARBARA ZORICH

Mailing Address **1100 LOUISIANA #4900**

City **HOUSTON** State **TX** Zip Code **77002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128630

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

REATTRIBUTED

Amount of Each Receipt this Period
2700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROBERT ZORICH

Mailing Address **1100 LOUISIANA #4900**

City **HOUSTON** State **TX** Zip Code **77002**

FEC ID number of contributing federal political committee. **C**

Name of Employer **INFORMATION REQUESTED** Occupation **INFORMATION REQUESTED**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5400.00

Transaction ID : SA17A.128632

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
5400.00

Subtotal Of Receipts This Page (optional)..... **6400.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ROBERT ZORICH

Mailing Address 1100 LOUISIANA #4900

City State Zip Code
HOUSTON TX 77002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128633

Date of Receipt
M M / D D / Y Y Y Y
09 / 10 / 2015

SEE REATTRIBUTION

Amount of Each Receipt this Period
-2700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
JAMES R ZOROMSKI

Mailing Address 1908 CTY ROAD K NORTH

City State Zip Code
CUSTER WI 54423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Transaction ID : SA17A.128635

Date of Receipt
M M / D D / Y Y Y Y
08 / 12 / 2015

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BRUNO ZULPO

Mailing Address 14875 REYNAUD DRIVE

City State Zip Code
SAN JOSE CA 95127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128637

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2015

Amount of Each Receipt this Period
500.00

Subtotal Of Receipts This Page (optional).....▶ 1500.00

Total This Period (last page this line number only).....▶

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LAURENCE ZURIFF

Mailing Address 1172 PARK AVENUE

City State Zip Code
NEW YORK NY 10128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.128639

Date of Receipt
M M / D D / Y Y Y Y
07 31 2015

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
KEVIN ZWANZIGER

Mailing Address 3005 DURHAM AVENUE

City State Zip Code
NASHUA IA 50658

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NASHUA WELDING & REPAIR OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.128641

Date of Receipt
M M / D D / Y Y Y Y
08 11 2015

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
KEVIN ZWANZIGER

Mailing Address 3005 DURHAM AVENUE

City State Zip Code
NASHUA IA 50658

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NASHUA WELDING & REPAIR OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Transaction ID : SA17A.128642

Date of Receipt
M M / D D / Y Y Y Y
09 10 2015

Amount of Each Receipt this Period
200.00

Subtotal Of Receipts This Page (optional).....▶ 3200.00

Total This Period (last page this line number only).....▶

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
THOMAS ZYLSTRA

Mailing Address 5162 190TH ST

City	State	Zip Code
SIBLEY	IA	51249

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2015

Transaction ID : SA17A.128644

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2015

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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Subtotal Of Receipts This Page (optional).....▶

250.00

Total This Period (last page this line number only).....▶

4701681.54

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT MICHAEL STOPA

Mailing Address **38 WESTFIELD DRIVE**

City **HOLLISTON** State **MA** Zip Code **01746**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17C.128652

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			10			2015			

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
ENTERPRISE HOLDINGS, INC. POLITICAL ACTION COMMITTEE

Mailing Address **600 CORPORATE PARK DRIVE**

City **ST. LOUIS** State **MO** Zip Code **63105**

FEC ID number of contributing federal political committee. **C C00219642**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17C.128654

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			29			2015			

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF ALBERTA DARLING

Mailing Address **1428 NORIDGE TRAIL**

City **PORT WASHINGTON** State **WI** Zip Code **53074**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17C.128656

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶

2250.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF DOUG EVERETT

Mailing Address **24105 PLANTATION DRIVE NE**

City **ATLANTA** State **GA** Zip Code **30324**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17C.128658

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			19			2015			

Amount of Each Receipt this Period

5000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS TO ELECT DAVID FAULKNER

Mailing Address **4163 APPOMATTOX LANE**

City **BIRMINGHAM** State **AL** Zip Code **35213**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17C.128660

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
08			25			2015			

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL BANK OF COMMERCE COMMITTEE FOR IMPROVEMENT AND BETTERMENT OF THE COUNTRY

Mailing Address **1200 SAN BERNARDO**

City **LAREDO** State **TX** Zip Code **78040**

FEC ID number of contributing federal political committee. **C C00276592**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17C.128662

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			07			2015			

Amount of Each Receipt this Period

1000.00

Subtotal Of Receipts This Page (optional).....▶

6250.00

Total This Period (last page this line number only).....▶

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**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
LONGHORN PAC

Mailing Address **PO BOX 30844**

City State Zip Code
BETHESDA MD 20824

FEC ID number of contributing federal political committee. **C C00402602**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Transaction ID : SA17C.128664

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			07			2015			

Amount of Each Receipt this Period

2000.00

B. Full Name (Last, First, Middle Initial)

MILWAUKEE POLICE ASSOCIATION PAC

Mailing Address **6310 WEST BLUEMOUND ROAD**

City State Zip Code
MILWAUKEE WI 53213

FEC ID number of contributing federal political committee. **C C00324673**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17C.128666

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			14			2015			

Amount of Each Receipt this Period

2700.00

C. Full Name (Last, First, Middle Initial)

NATIONAL TANK TRUCK CARRIERS INC POLITICAL ACTION COMMITTEE

Mailing Address **950 NORTH GLEBE RD STE 520**

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C C00188011**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Transaction ID : SA17C.128668

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
07			06			2015			

Amount of Each Receipt this Period

5000.00

Subtotal Of Receipts This Page (optional)..... **9700.00**

Total This Period (last page this line number only).....

**SCHEDULE A-P
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input checked="" type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
SCHEIDER NATIONAL, INC. TRANSPAC

Mailing Address 3101 S PACKERLAND DRIVE
PO BOX 1475

City GREEN BAY State WI Zip Code 54305

FEC ID number of contributing federal political committee. **C** C00563924

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17C.128670

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
09			09			2015			

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

--

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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Subtotal Of Receipts This Page (optional).....

1000.00

Total This Period (last page this line number only).....

23400.00

SCHEDULE A-P ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
TOWN OF PETERBOROUGH

Mailing Address **1 GROVE STREET**

City **PETERBOROUGH** State **NH** Zip Code **03458**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA20A.128671

Date of Receipt
 M M / D D / Y Y Y Y
09 / 21 / 2015

VENDOR REFUND

Amount of Each Receipt this Period
1540.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Subtotal Of Receipts This Page (optional).....▶ **1540.00**

Total This Period (last page this line number only).....▶ **1540.00**

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. ACE PARKING INC.

Mailing Address **645 ASH STREET**

City **SAN DIEGO** State **CA** Zip Code **92101**

Purpose of Disbursement
EVENT SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 03 / 2015

Transaction ID : SB23.4132

Amount of Each Disbursement this Period
560.00

Category/Type

Full Name (Last, First, Middle Initial)
B. ACS SOUND & LIGHTING

Mailing Address **110 LOTT COURT**

City **WEST COLUMBIA** State **SC** Zip Code **29169**

Purpose of Disbursement
AUDIO VISUAL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 28 / 2015

Transaction ID : SB23.4134

Amount of Each Disbursement this Period
3108.35

Category/Type

Full Name (Last, First, Middle Initial)
C. MICHAEL PHILIP ADAM

Mailing Address **1802 PANKRATZ STREET**

City **MADISON** State **WI** Zip Code **53704**

Purpose of Disbursement
INSPIRITY 06/30 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SB23.6245

Amount of Each Disbursement this Period
1809.02

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **3668.35**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MICHAEL PHILIP ADAM		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6246
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1984.57	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. MICHAEL PHILIP ADAM		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6247
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1994.23	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. MICHAEL PHILIP ADAM		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6248
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2181.82	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... →

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MICHAEL PHILIP ADAM		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6249
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2796.38	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MICHAEL PHILIP ADAM		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6250
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2181.82	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MICHAEL PHILIP ADAM		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6251
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1031.78	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BEN ADAMS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 77 H STREET NW #162		Transaction ID : SB23.6253
City WASHINGTON	State DC	
Purpose of Disbursement ADAMS 08/07 REIMBURSEMENT: MILEAGE		Amount of Each Disbursement this Period 29.96
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. BEN ADAMS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 77 H STREET NW #162		Transaction ID : SB23.6254
City WASHINGTON	State DC	
Purpose of Disbursement ADAMS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. BEN ADAMS		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 77 H STREET NW #162		Transaction ID : SB23.6255
City WASHINGTON	State DC	
Purpose of Disbursement ADAMS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 12.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1849 / 2684

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BENJAMIN ADAMS		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 77 H STREET NW #162		Transaction ID : SB23.6893
City WASHINGTON	State DC	
Zip Code 20036		
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type	Amount of Each Disbursement this Period 462.15
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ADESYS CONSULTING LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 2965 CAHILL MAIN		Transaction ID : SB23.4136
City FITCHBURG	State WI	
Zip Code 53711		
Purpose of Disbursement TECHNICAL SERVICES	Category/ Type	Amount of Each Disbursement this Period 5772.17
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ADVANTAGE INC.		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 2300 CLARENDON BLVD #303		Transaction ID : SB23.4140
City ARLINGTON	State VA	
Zip Code 22201		
Purpose of Disbursement INTERNET/TELEPHONE SERVICES	Category/ Type	Amount of Each Disbursement this Period 1056.56
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... → 7290.88

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. ADVENTURE RENTALS & LEASING LLC

Mailing Address 5120 N BRADY ST (HIGHWAY 61)

City DAVENPORT State IA Zip Code 52806

Purpose of Disbursement
TRAVEL: OTHER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			01			2015			

Transaction ID : SB23.4142

Amount of Each Disbursement this Period

40000.00

Full Name (Last, First, Middle Initial)

B. ADVENTURE RENTALS & LEASING LLC

Mailing Address 5120 N BRADY ST (HIGHWAY 61)

City DAVENPORT State IA Zip Code 52806

Purpose of Disbursement
TRAVEL: OTHER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			05			2015			

Transaction ID : SB23.4143

Amount of Each Disbursement this Period

13108.97

Full Name (Last, First, Middle Initial)

C. ADVENTURE RENTALS & LEASING LLC

Mailing Address 5120 N BRADY ST (HIGHWAY 61)

City DAVENPORT State IA Zip Code 52806

Purpose of Disbursement
TRAVEL: OTHER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			19			2015			

Transaction ID : SB23.4144

Amount of Each Disbursement this Period

7563.28

Subtotal Of Receipts This Page (optional)..... 60672.25

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ADVENTURE RENTALS & LEASING LLC		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 5120 N BRADY ST (HIGHWAY 61)		Transaction ID : SB23.4145
City DAVENPORT	State IA	
Purpose of Disbursement TRAVEL: OTHER	Candidate Name	Amount of Each Disbursement this Period 13108.97
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. AIR CHARTER TEAM		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 4151 N MULBERRY DRIVE #250		Transaction ID : SB23.4147
City KANSAS CITY	State MO	
Purpose of Disbursement TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 6100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. AIR CHARTER TEAM		Date of Disbursement MM / DD / YYYY 09 / 16 / 2015
Mailing Address 4151 N MULBERRY DRIVE #250		Transaction ID : SB23.4148
City KANSAS CITY	State MO	
Purpose of Disbursement TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 8100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 27308.97

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALASKA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 09 / 2015
Mailing Address 19300 INTERNATIONAL BLVD		Transaction ID : SB23.4150
City SEATTLE	State WA	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 134.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. ALASKA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 09 / 2015
Mailing Address 19300 INTERNATIONAL BLVD		Transaction ID : SB23.4151
City SEATTLE	State WA	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 134.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. ALASKA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 09 / 2015
Mailing Address 19300 INTERNATIONAL BLVD		Transaction ID : SB23.4152
City SEATTLE	State WA	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 134.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALASKA AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 09 / 2015
Mailing Address 19300 INTERNATIONAL BLVD		Transaction ID : SB23.4153
City SEATTLE State WA Zip Code 98188	Amount of Each Disbursement this Period 134.10	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DEIDRE A ALMSTEAD		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6257
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3715.50	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DEIDRE A ALMSTEAD		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6258
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 5440.95	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. DEIDRE A ALMSTEAD

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY
08 / 13 / 2015

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Transaction ID : SB23.6259

Amount of Each Disbursement this Period
5243.56

[MEMO ITEM]

B. DEIDRE A ALMSTEAD

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY
08 / 28 / 2015

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Transaction ID : SB23.6260

Amount of Each Disbursement this Period
5139.93

[MEMO ITEM]

C. DEIDRE A ALMSTEAD

Full Name (Last, First, Middle Initial)
Date of Disbursement: MM / DD / YYYY
09 / 14 / 2015

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Transaction ID : SB23.6261

Amount of Each Disbursement this Period
4954.98

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DEIDRE A ALMSTEAD		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6262
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2289.67
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. ALON 7-ELEVEN		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 3200 N. GARFIELD S, MIDLAND, TX		Transaction ID : SB23.4155
City MIDLAND	State TX	
Purpose of Disbursement MATEJOV 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 14.51
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MATTHEW G ALONSOZANA		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6264
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2431.55
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATTHEW G ALONSOZANA		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6265
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2460.33	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MATTHEW G ALONSOZANA		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6266
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2450.67	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MATTHEW G ALONSOZANA		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6267
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1132.77	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALPHAGRAPHICS		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1017 W WASHINGTON BOULEVARD #101		Transaction ID : SB23.4157
City CHICAGO	State IL	
Purpose of Disbursement PRINTING AND DESIGN SERVICES	Category/ Type	Amount of Each Disbursement this Period 339.01
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4166
City SEATTLE	State WA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: OFFICE SUPPLIES	Category/ Type	Amount of Each Disbursement this Period 1718.19
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4164
City SEATTLE	State WA	
Purpose of Disbursement AMEX 08/19 PMT: OFFICE SUPPLIES	Category/ Type	Amount of Each Disbursement this Period 152.90
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 339.01

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMAZON		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4165
City SEATTLE	State WA	
Purpose of Disbursement AMEX 08/19 PMT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 175.02
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4167
City SEATTLE	State WA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: OFFICE SUPPLIES		Amount of Each Disbursement this Period 16.99
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4168
City SEATTLE	State WA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: OFFICE SUPPLIES		Amount of Each Disbursement this Period 83.91
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMAZON		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4174
City SEATTLE	State WA	
Purpose of Disbursement WETZEL 09/09 REIMBURSEMENT: OFFICE EQUIPMENT PURCHASE		Amount of Each Disbursement this Period 22.59
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4169
City SEATTLE	State WA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 129.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4170
City SEATTLE	State WA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 474.72
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMAZON		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4171
City SEATTLE	State WA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 9.99
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4172
City SEATTLE	State WA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 4.17
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4173
City SEATTLE	State WA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 48.78
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMAZON WEB SERVICES		Date of Disbursement MM / DD / YYYY 06 / 17 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4176
City SEATTLE	State WA	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: ONLINE ADVERTISING		Amount of Each Disbursement this Period 7.48
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMAZON WEB SERVICES		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4177
City SEATTLE	State WA	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: ONLINE ADVERTISING		Amount of Each Disbursement this Period 5087.83
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMAZON WEB SERVICES		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4178
City SEATTLE	State WA	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: ONLINE ADVERTISING		Amount of Each Disbursement this Period 20914.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMAZON WEB SERVICES		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 410 TERRY AVE N		Transaction ID : SB23.4179
City SEATTLE	State WA	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: ONLINE ADVERTISING		Amount of Each Disbursement this Period 16576.99
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMEN STREET FISH & RAW BAR		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 205 EAST BAY STREET		Transaction ID : SB23.4181
City CHARLESTON	State SC	
Purpose of Disbursement O'DRISCOLL 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 200.12
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4183
City FORT WORTH	State TX	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 466.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4184
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 252.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4185
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 205.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4186
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 312.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4187
City FORT WORTH State TX Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 312.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4188
City FORT WORTH State TX Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 312.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4189
City FORT WORTH State TX Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 312.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <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>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	2		2	0	1	5													
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4190																				
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>66.86</td> </tr> </table>		66.86																			
66.86																						
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	[MEMO ITEM]																				
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <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>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	2		2	0	1	5													
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4191																				
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>66.86</td> </tr> </table>		66.86																			
66.86																						
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	[MEMO ITEM]																				
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <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>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	2		2	0	1	5													
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4192																				
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>66.86</td> </tr> </table>		66.86																			
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Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	[MEMO ITEM]																				
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
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Subtotal Of Receipts This Page (optional).....

0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 12 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4193
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 387.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 12 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4194
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 387.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 12 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4195
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 387.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4255
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement ODRISCOLL 09/09 REIMBURSEMENT: TRAVEL: AIR	Amount of Each Disbursement this Period 272.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4196
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	Amount of Each Disbursement this Period 18.95
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4197
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	Amount of Each Disbursement this Period 568.60
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4198
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 618.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4205
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 77.81
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4206
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 80.93
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4207
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 80.93
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4208
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 374.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4209
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 429.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4210
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 80.93	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4211
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 429.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4212
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 429.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4213
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 374.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4214
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 77.81	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4250
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 183.60	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		24		2015
M M	/	D D	/	Y Y Y Y								
07		24		2015								
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4199										
City FORT WORTH	State TX		Zip Code 76155									
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>389.20</td> </tr> </table>		389.20								
	389.20											
Candidate Name		[MEMO ITEM]										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: District:												

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>24</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		24		2015
M M	/	D D	/	Y Y Y Y								
07		24		2015								
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4200										
City FORT WORTH	State TX		Zip Code 76155									
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>474.20</td> </tr> </table>		474.20								
	474.20											
Candidate Name		[MEMO ITEM]										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: District:												

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>27</td> <td></td> <td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		27		2015
M M	/	D D	/	Y Y Y Y								
07		27		2015								
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4215										
City FORT WORTH	State TX		Zip Code 76155									
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td style="width: 80%;"></td> <td>285.60</td> </tr> </table>		285.60								
	285.60											
Candidate Name		[MEMO ITEM]										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State: District:												

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4201
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 240.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4202
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 268.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4216
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 649.20	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4251
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 557.10	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	Category/Type	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4217
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 206.60	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	Category/Type	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4259
City FORT WORTH State TX Zip Code 76155	Amount of Each Disbursement this Period 4.00	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	Category/Type	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4218
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 580.50
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4219
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 57.87
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4220
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 580.50
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4221
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 28.94
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4222
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 28.94
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4223
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 57.87
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4224
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 580.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4225
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 60.18
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4226
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 28.94
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4227
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 580.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4228
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 580.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4229
City FORT WORTH	State TX	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 580.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2015

Transaction ID : SB23.4252

Amount of Each Disbursement this Period: 571.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2015

Transaction ID : SB23.4203

Amount of Each Disbursement this Period: 44.06

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 11 / 2015

Transaction ID : SB23.4204

Amount of Each Disbursement this Period: 580.20

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4254
City FORT WORTH	State TX	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 238.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4256
City FORT WORTH	State TX	
Purpose of Disbursement O'DRISCOLL 09/09 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 352.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4260
City FORT WORTH	State TX	
Purpose of Disbursement WOOD 09/09 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 76.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 14 / 2015

Transaction ID : **SB23.4230**

Amount of Each Disbursement this Period
556.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 14 / 2015

Transaction ID : **SB23.4231**

Amount of Each Disbursement this Period
354.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
O'DRISCOLL 09/09 REIMBURSEMENT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 17 / 2015

Transaction ID : **SB23.4257**

Amount of Each Disbursement this Period
560.20

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4232
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 568.20
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4233
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 317.60
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4234
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 27.92
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4235
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 46.79
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4236
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 366.10
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4237
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 696.60
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4238
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 27.92
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4239
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 46.79
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4240
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 366.10
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 24 / 2015

Transaction ID : SB23.4241

Amount of Each Disbursement this Period: 696.60

[MEMO ITEM]

B. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 24 / 2015

Transaction ID : SB23.4242

Amount of Each Disbursement this Period: 27.92

[MEMO ITEM]

C. AMERICAN AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 24 / 2015

Transaction ID : SB23.4243

Amount of Each Disbursement this Period: 50.38

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 24 / 2015

Transaction ID : **SB23.4244**

Amount of Each Disbursement this Period
366.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 24 / 2015

Transaction ID : **SB23.4245**

Amount of Each Disbursement this Period
912.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD

City FORT WORTH State TX Zip Code 76155

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 24 / 2015

Transaction ID : **SB23.4246**

Amount of Each Disbursement this Period
27.92

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4247
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 46.79
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4248
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 366.10
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4249
City FORT WORTH	State TX	
Zip Code 76155	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 561.60
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4253
City FORT WORTH	State TX	
Purpose of Disbursement GALLATIN 09/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 218.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 4333 AMON CARTER BLVD		Transaction ID : SB23.4258
City FORT WORTH	State TX	
Purpose of Disbursement O'DRISCOLL 09/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 276.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMERICAN BURGER		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 5821 FAIRVIEW ROAD		Transaction ID : SB23.4262
City CHARLOTTE	State NC	
Purpose of Disbursement NEITZEL 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 13.39
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 200 VESEY STREET		Transaction ID : SB23.4264
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	Amount of Each Disbursement this Period 12425.19
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN EXPRESS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 200 VESEY STREET		Transaction ID : SB23.4265
City NEW YORK	State NY	
Zip Code 10285	Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	Amount of Each Disbursement this Period 24421.51
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AMERICAN LEGION POST 34		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address PO BOX 2745		Transaction ID : SB23.4269
City ROCK HILL	State SC	
Zip Code 29732	Purpose of Disbursement FACILITY RENTAL	Amount of Each Disbursement this Period 400.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... **37246.70**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AM SOLUTIONS		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 100 INTERSTATE BLVD		Transaction ID : SB23.4161
City EDGERTON	State WI	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE		Amount of Each Disbursement this Period 5316.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AM SOLUTIONS		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 100 INTERSTATE BLVD		Transaction ID : SB23.4162
City EDGERTON	State WI	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE		Amount of Each Disbursement this Period 13493.30
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4271
City WASHINGTON, DC	State DC	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: RAIL		Amount of Each Disbursement this Period 116.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 18809.30

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 04 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4272
City WASHINGTON, DC	State DC	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: RAIL	Candidate Name	Amount of Each Disbursement this Period 116.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4273
City WASHINGTON, DC	State DC	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: RAIL	Candidate Name	Amount of Each Disbursement this Period 116.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4274
City WASHINGTON, DC	State DC	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: RAIL	Candidate Name	Amount of Each Disbursement this Period 116.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4275
City WASHINGTON, DC	State DC	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: RAIL		Amount of Each Disbursement this Period 116.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 11 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4276
City WASHINGTON, DC	State DC	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: RAIL		Amount of Each Disbursement this Period 116.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4277
City WASHINGTON, DC	State DC	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: RAIL		Amount of Each Disbursement this Period 104.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4278
City WASHINGTON, DC	State DC	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: RAIL		Amount of Each Disbursement this Period 476.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4279
City WASHINGTON, DC	State DC	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: RAIL		Amount of Each Disbursement this Period 74.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4282
City WASHINGTON, DC	State DC	
Purpose of Disbursement O'DRISCOLL 09/09 REIMBURSEMENT: TRAVEL: RAIL		Amount of Each Disbursement this Period 116.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMTRAK		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4283
City WASHINGTON, DC	State DC	
Purpose of Disbursement ODRISCOLL 09/09 REIMBURSEMENT: TRAVEL: RAIL		Amount of Each Disbursement this Period 104.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AMTRAK		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4280
City WASHINGTON, DC	State DC	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: RAIL		Amount of Each Disbursement this Period 330.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AMTRAK		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 60 MASSACHUSETTS AVE. NE		Transaction ID : SB23.4281
City WASHINGTON, DC	State DC	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: RAIL		Amount of Each Disbursement this Period -53.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ANSAY & ASSOCIATES		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 101 E GRAND AVE #11		Transaction ID : SB23.4285
City PORT WASHINGTON	State WI	
Purpose of Disbursement INSURANCE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3322.60"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. APPLE		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address APPLE CAMPUS		Transaction ID : SB23.4287
City CUPERTINO	State CA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: COMPUTER PURCHASE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="948.45"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. ALEXA M ARDIS		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6269
City MADISON	State WI	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="694.51"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. ALEXA M ARDIS

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/15 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 15 / 2015

Transaction ID : **SB23.6270**

Amount of Each Disbursement this Period
833.42

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ALEXA M ARDIS

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 31 / 2015

Transaction ID : **SB23.6271**

Amount of Each Disbursement this Period
838.74

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. ARENA COMMUNICATIONS

Mailing Address 1780 SEQUOIA VISTA CIRCLE

City SALT LAKE CITY State UT Zip Code 84104

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 22 / 2015

Transaction ID : **SB23.4290**

Amount of Each Disbursement this Period
8000.00

Subtotal Of Receipts This Page (optional)..... 8000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ARENA COMMUNICATIONS		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1780 SEQUOIA VISTA CIRCLE		Transaction ID : SB23.4289
City SALT LAKE CITY	State UT	
Zip Code 84104	Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS	Amount of Each Disbursement this Period 33287.56
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ARI FLEISCHER COMMUNICATIONS INC.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address PO BOX 115		Transaction ID : SB23.4292
City POUND RIDGE	State NY	
Zip Code 10576	Purpose of Disbursement COMMUNICATIONS CONSULTING	Amount of Each Disbursement this Period 1235.82
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ASCAP		Date of Disbursement MM / DD / YYYY 07 / 11 / 2015
Mailing Address 1900 BROADWAY		Transaction ID : SB23.4294
City NEW YORK	State NY	
Zip Code 10023	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: MUSIC LICENSING	Amount of Each Disbursement this Period 3500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 34523.38

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASPECT CONSULTING LLC		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 8401 EXCELSIOR DRIVE #103		Transaction ID : SB23.4296
City MADISON	State WI	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 5372.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. ASPECT CONSULTING LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 8401 EXCELSIOR DRIVE #103		Transaction ID : SB23.4297
City MADISON	State WI	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 36293.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. ASPECT CONSULTING LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 8401 EXCELSIOR DRIVE #103		Transaction ID : SB23.4298
City MADISON	State WI	
Purpose of Disbursement COMPLIANCE CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2508.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 44174.78

Total This Period (last page this line number only).....

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ATLANTA PRO AV LLC		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1222 LOGAN CIRCLE NW		Transaction ID : SB23.4302
City ATLANTA State GA Zip Code 30318	Amount of Each Disbursement this Period 1816.84	
Purpose of Disbursement EVENT STAGING EXPENSE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ATLISSIAN PTY LTD		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 341 GEORGE ST, SYDNEY NSW 2000, AU		Transaction ID : SB23.4306
City SYDNEY State AL Zip Code	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TRAVEL: OTHER	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. ATLISSIAN PTY LTD		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 341 GEORGE ST, SYDNEY NSW 2000, AU		Transaction ID : SB23.4307
City SYDNEY State AL Zip Code	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TRAVEL: OTHER	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 1816.84

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ATLISSIAN PTY LTD		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 341 GEORGE ST, SYDNEY NSW 2000, AU		Transaction ID : SB23.4308
City SYDNEY	State AL	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ATLAS STRATEGY GROUP LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 16 LOREN WOODS		Transaction ID : SB23.4304
City ST LOUIS	State MO	
Purpose of Disbursement STRATEGY CONSULTING	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AUDIO VISUAL ADVISORS INC		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 3595 E PATRICK LANE #700		Transaction ID : SB23.4310
City LAS VEGAS	State NV	
Purpose of Disbursement EVENT STAGING EXPENSE	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 22511.07

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIATION ADVISOR INC.		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address PO BOX 600		Transaction ID : SB23.4313
City ANTIOCH	State IL	
Purpose of Disbursement TRAVEL: AIR	Category/ Type	Amount of Each Disbursement this Period 6462.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIATION ADVISOR INC.		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address PO BOX 600		Transaction ID : SB23.4312
City ANTIOCH	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Category/ Type	Amount of Each Disbursement this Period 21.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 06 / 20 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4316
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: CAR RENTAL	Category/ Type	Amount of Each Disbursement this Period 231.44
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 6462.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 06 / 21 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4317
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 413.79
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4318
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 546.02
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 06 / 23 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4319
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 183.04
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 06 / 23 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4320
City PARSIPPANY-TROY HILLS State NJ Zip Code 07054	Amount of Each Disbursement this Period 485.28	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: CAR RENTAL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 06 / 23 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4321
City PARSIPPANY-TROY HILLS State NJ Zip Code 07054	Amount of Each Disbursement this Period 538.08	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: CAR RENTAL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4322
City PARSIPPANY-TROY HILLS State NJ Zip Code 07054	Amount of Each Disbursement this Period 422.79	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: CAR RENTAL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 06 / 28 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4323
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 242.38
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 06 / 28 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4324
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 527.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 06 / 28 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4325
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 529.25
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 06 / 28 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4443
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 398.79
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4444
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 420.99
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4445
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 90.43
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4315
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement ADAMS 08/07 REIMBURSEMENT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 179.47
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4326
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 105.80
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4327
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 234.22
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4328
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 309.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4329
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 381.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4330
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 237.73
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4331
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 307.26
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4332
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 574.71
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4333
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 574.71
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4334
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 574.71
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4335
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 574.71
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4336
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 307.26
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4337
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period -172.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4338
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 327.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4339
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 283.29
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4340
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 583.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4341
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 517.79
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4342
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 257.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4343
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 229.56
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4344
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 172.13
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4345
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 262.22
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. AVIS RENT-A-CAR

Mailing Address **6 SYLVAN WAY**

City **PARSIPPANY-TROY HILLS** State **NJ** Zip Code **07054**

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: **07 / 17 / 2015**

Transaction ID : SB23.4346

Amount of Each Disbursement this Period: **476.28**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. AVIS RENT-A-CAR

Mailing Address **6 SYLVAN WAY**

City **PARSIPPANY-TROY HILLS** State **NJ** Zip Code **07054**

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: **07 / 17 / 2015**

Transaction ID : SB23.4347

Amount of Each Disbursement this Period: **485.19**

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. AVIS RENT-A-CAR

Mailing Address **6 SYLVAN WAY**

City **PARSIPPANY-TROY HILLS** State **NJ** Zip Code **07054**

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: **07 / 17 / 2015**

Transaction ID : SB23.4348

Amount of Each Disbursement this Period: **233.32**

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **0.00**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4349
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 159.09
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4350
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 60.77
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4351
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 667.03
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4352
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 813.52
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4353
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 622.29
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4354
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 193.75
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4355
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 635.87
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4356
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 575.93
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4357
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 349.12
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4358
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 309.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4359
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 1531.29
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4360
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 1066.22
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4361
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 372.09
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4362
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 408.93
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4363
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 313.46
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4364
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 267.11
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4365
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 17.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4366
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 293.03
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4367
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 442.89
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4368
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 574.87
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4369
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 600.67
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4370
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 134.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4371
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 286.09
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4372
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 380.29
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4373
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 515.07
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4374
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period -134.56
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4375
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 324.51
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4376
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 25.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4377
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 175.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4378
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 494.02
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4379
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 15.83
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4380
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 22.15
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4381
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 158.86
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4382
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 0.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4383
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 590.71
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4384
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 11.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4385
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 1913.82
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4386
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 1913.82
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4387
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 23.35
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4388
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 24.35
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4389
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 277.77
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4390
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 300.55
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4391
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 361.80
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4392
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 632.61
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4393
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 5.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4394
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 19.75
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4395
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 85.93
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4396
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 238.91
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4397
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 258.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4398
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 291.61
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4399
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 328.91
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4400
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 95.11
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4401
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 165.34
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4402
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 231.19
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4403
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 231.51
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4404
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 238.32
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4405
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 358.40
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4406
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 393.61
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4407
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 594.87
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4408
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 0.75
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4409
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 12.40
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4410
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 17.35
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4411
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 19.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4412
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 196.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4413
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 206.92
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4447
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 174.04
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City PARSIPPANY-TROY HILLS State NJ Zip Code 07054

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y
 08 / 10 / 2015

Transaction ID : **SB23.4414**

Amount of Each Disbursement this Period
 200.29

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City PARSIPPANY-TROY HILLS State NJ Zip Code 07054

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y
 08 / 10 / 2015

Transaction ID : **SB23.4415**

Amount of Each Disbursement this Period
 306.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City PARSIPPANY-TROY HILLS State NJ Zip Code 07054

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
 M M / D D / Y Y Y Y
 08 / 10 / 2015

Transaction ID : **SB23.4416**

Amount of Each Disbursement this Period
 656.11

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4417
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 663.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4418
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 73.97
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4419
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 151.49
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4420
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 100.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4421
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 100.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4422
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 549.64
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4423
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 249.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4424
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 537.38
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4425
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 640.38
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. AVIS RENT-A-CAR

Mailing Address **6 SYLVAN WAY**

City **PARSIPPANY-TROY HILLS** State **NJ** Zip Code **07054**

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 19 / 2015

Transaction ID : SB23.4426

Amount of Each Disbursement this Period
266.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. AVIS RENT-A-CAR

Mailing Address **6 SYLVAN WAY**

City **PARSIPPANY-TROY HILLS** State **NJ** Zip Code **07054**

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 21 / 2015

Transaction ID : SB23.4427

Amount of Each Disbursement this Period
389.84

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. AVIS RENT-A-CAR

Mailing Address **6 SYLVAN WAY**

City **PARSIPPANY-TROY HILLS** State **NJ** Zip Code **07054**

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 21 / 2015

Transaction ID : SB23.4428

Amount of Each Disbursement this Period
334.60

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **0.00**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4429
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 347.74
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4430
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 521.09
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4431
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 805.15
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City PARSIPPANY-TROY HILLS State NJ Zip Code 07054

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 21 / 2015

Transaction ID : SB23.4432

Amount of Each Disbursement this Period
805.15

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City PARSIPPANY-TROY HILLS State NJ Zip Code 07054

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 21 / 2015

Transaction ID : SB23.4433

Amount of Each Disbursement this Period
172.40

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. AVIS RENT-A-CAR

Mailing Address 6 SYLVAN WAY

City PARSIPPANY-TROY HILLS State NJ Zip Code 07054

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 22 / 2015

Transaction ID : SB23.4434

Amount of Each Disbursement this Period
112.45

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4435
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 658.82
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4436
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 601.11
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4437
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 105.87
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4438
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 275.13
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4439
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 109.73
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4440
City PARSIPPANY-TROY HILLS	State NJ	
Zip Code 07054	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 508.76
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4446
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 52.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4441
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 991.31
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. AVIS RENT-A-CAR		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4442
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 500.59
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BALBOA BAY RESORT		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1221 W COAST HIGHWAY		Transaction ID : SB23.4449
City NEWPORT BEACH	State CA	
Zip Code 92663	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Amount of Each Disbursement this Period 20140.07
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. THERESA BALISTRERI		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 4085 S ADELL AVE		Transaction ID : SB23.6895
City NEW BERLIN	State WI	
Zip Code 53151	Purpose of Disbursement EVENT CONSULTING	Amount of Each Disbursement this Period 423.64
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BAREFOOT CODERS LLC		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1923 BRAGG STREET #140-2433		Transaction ID : SB23.4451
City STANFORD	State NC	
Zip Code 27330	Purpose of Disbursement TECHNICAL SERVICES	Amount of Each Disbursement this Period 11250.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 31813.71

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JONATHAN PARKS BENNETT		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6273
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3640.49	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. JONATHAN PARKS BENNETT		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6274
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4003.10	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. JONATHAN PARKS BENNETT		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6275
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4012.76	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. JONATHAN PARKS BENNETT

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2015

Transaction ID : SB23.6276

Amount of Each Disbursement this Period: 4003.10

[MEMO ITEM]

B. JONATHAN PARKS BENNETT

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2015

Transaction ID : SB23.6277

Amount of Each Disbursement this Period: 4012.76

[MEMO ITEM]

C. JONATHAN PARKS BENNETT

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2015

Transaction ID : SB23.6278

Amount of Each Disbursement this Period: 4003.10

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JONATHAN PARKS BENNETT		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6279
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1868.71	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6281
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 14.19	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6282
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 22.44	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. KAYLA J BERUBE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
BERUBE 08/07 REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB23.6283

Amount of Each Disbursement this Period: 24.09

[MEMO ITEM]

B. KAYLA J BERUBE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/15 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB23.6291

Amount of Each Disbursement this Period: 2948.95

[MEMO ITEM]

C. KAYLA J BERUBE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
BERUBE 08/07 REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 16 / 2015

Transaction ID : SB23.6284

Amount of Each Disbursement this Period: 59.73

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6285
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 45.54	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6286
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 24.42	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6287
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 30.36	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6288
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 11.22	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6289
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 41.91	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6292
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3261.89	
Purpose of Disbursement INSPIRITY 07/31 PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6290
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6.27	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6896
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 220.77	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6293
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3236.54	
Purpose of Disbursement INSPIRITY 08/13 PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 220.77

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. KAYLA J BERUBE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 19 / 2015

Transaction ID : SB23.6897

Amount of Each Disbursement this Period: 127.97

Category/Type

B. KAYLA J BERUBE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 28 / 2015

Transaction ID : SB23.6294

Amount of Each Disbursement this Period: 3246.89

Category/Type

[MEMO ITEM]

C. KAYLA J BERUBE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 09 / 2015

Transaction ID : SB23.6898

Amount of Each Disbursement this Period: 251.42

Category/Type

Subtotal Of Receipts This Page (optional)..... 379.39

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6899
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2451.93	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6295
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3223.16	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. KAYLA J BERUBE		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6900
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1422.51	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 3874.44

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. KAYLA J BERUBE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2015

Transaction ID : SB23.6296

Amount of Each Disbursement this Period: 1490.42

[MEMO ITEM]

B. BEST BUY

Full Name (Last, First, Middle Initial)

Mailing Address 7601 PENN AVENUE SOUTH

City RICHFEILD State MN Zip Code 55423

Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: OFFICE EQUIPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 12 / 2015

Transaction ID : SB23.4453

Amount of Each Disbursement this Period: 453.64

[MEMO ITEM]

C. BEST BUY

Full Name (Last, First, Middle Initial)

Mailing Address 7601 PENN AVENUE SOUTH

City RICHFEILD State MN Zip Code 55423

Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2015

Transaction ID : SB23.4454

Amount of Each Disbursement this Period: 34.79

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BEST BUY		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 7601 PENN AVENUE SOUTH		Transaction ID : SB23.4455
City RICHFEILD State MN Zip Code 55423	Amount of Each Disbursement this Period 1012.78	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: OFFICE SUPPLIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. BEST BUY		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 7601 PENN AVENUE SOUTH		Transaction ID : SB23.4457
City RICHFEILD State MN Zip Code 55423	Amount of Each Disbursement this Period 1012.78	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: OFFICE EQUIPMENT PURCHASE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BEST BUY		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 7601 PENN AVENUE SOUTH		Transaction ID : SB23.4456
City RICHFEILD State MN Zip Code 55423	Amount of Each Disbursement this Period 10.54	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: OFFICE SUPPLIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. BEST BUY

Full Name (Last, First, Middle Initial)
Mailing Address 7601 PENN AVENUE SOUTH

City RICHFEILD State MN Zip Code 55423

Purpose of Disbursement SMITH 09/24 REIMBURSEMENT: OFFICE EQUIPMENT PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 06 / 2015

Transaction ID : SB23.4458

Amount of Each Disbursement this Period: 32.48

[MEMO ITEM]

B. BEST WESTERN

Full Name (Last, First, Middle Initial)
Mailing Address 6201 N 24TH PKWY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2015

Transaction ID : SB23.4460

Amount of Each Disbursement this Period: 131.03

[MEMO ITEM]

C. BEST WESTERN

Full Name (Last, First, Middle Initial)
Mailing Address 6201 N 24TH PKWY

City PHOENIX State AZ Zip Code 85016

Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 02 / 2015

Transaction ID : SB23.4461

Amount of Each Disbursement this Period: 131.03

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BEST WESTERN		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 6201 N 24TH PKWY		Transaction ID : SB23.4462
City PHOENIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 293.96
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. BEST WESTERN		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 6201 N 24TH PKWY		Transaction ID : SB23.4463
City PHOENIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 134.39
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. BEST WESTERN		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 6201 N 24TH PKWY		Transaction ID : SB23.4466
City PHOENIX	State AZ	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 302.38
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BEST WESTERN		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 6201 N 24TH PKWY		Transaction ID : SB23.4464
City PHOENIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 212.69
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. BEST WESTERN		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 6201 N 24TH PKWY		Transaction ID : SB23.4465
City PHOENIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 212.69
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. BIG APPLE EVENTS AV		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 519 8TH AVE SUITE 815		Transaction ID : SB23.4468
City NEW YORK	State NY	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: EVENT STAGING EXPENSE		Amount of Each Disbursement this Period 1085.76
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BIG APPLE EVENTS AV		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 519 8TH AVE SUITE 815		Transaction ID : SB23.4469
City NEW YORK	State NY	
Zip Code 10018		Amount of Each Disbursement this Period 112.00
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: EVENT STAGING EXPENSE		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MICHAEL E BIR		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6298
City MADISON	State WI	
Zip Code 53704		Amount of Each Disbursement this Period 6675.53
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MICHAEL E BIR		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6299
City MADISON	State WI	
Zip Code 53704		Amount of Each Disbursement this Period 7330.54
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MICHAEL E BIR		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6300
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7702.77	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. MICHAEL E BIR		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6301
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7137.56	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. MICHAEL E BIR		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6302
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7112.94	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MICHAEL E BIR			Date of Disbursement MM / DD / YYYY 09 / 30 / 2015	
Mailing Address 1802 PANKRATZ STREET			Transaction ID : SB23.6303	
City MADISON	State WI	Zip Code 53704	Amount of Each Disbursement this Period 3285.35	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		[MEMO ITEM]		

Full Name (Last, First, Middle Initial) B. BK DSI LLC			Date of Disbursement MM / DD / YYYY 08 / 07 / 2015	
Mailing Address 405 DORAL COURT			Transaction ID : SB23.4471	
City WAUNAKEE	State WI	Zip Code 53597	Amount of Each Disbursement this Period 7967.48	
Purpose of Disbursement TECHNICAL SERVICES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Full Name (Last, First, Middle Initial) C. BK DSI LLC			Date of Disbursement MM / DD / YYYY 09 / 24 / 2015	
Mailing Address 405 DORAL COURT			Transaction ID : SB23.4472	
City WAUNAKEE	State WI	Zip Code 53597	Amount of Each Disbursement this Period 5500.00	
Purpose of Disbursement TECHNICAL SERVICES		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:				

Subtotal Of Receipts This Page (optional)..... **13467.48**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BKZ CONSULTING INC.		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address PO BOX 577832		Transaction ID : SB23.4474
City CHICAGO	State IL	
Zip Code 60657	Purpose of Disbursement FUNDRAISING CONSULTING	Amount of Each Disbursement this Period 1082.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. BLAZEMETER INC		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 785 CASTRO ST		Transaction ID : SB23.4476
City MOUNTAIN VIEW	State CA	
Zip Code 94041	Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES	Amount of Each Disbursement this Period 149.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BLAZEMETER INC		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 785 CASTRO ST		Transaction ID : SB23.4477
City MOUNTAIN VIEW	State CA	
Zip Code 94041	Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES	Amount of Each Disbursement this Period 149.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1082.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BMI		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address PO BOX 630893		Transaction ID : SB23.4479
City CINCINNATI	State OH	
Purpose of Disbursement MUSIC LICENSING		Amount of Each Disbursement this Period 545.10
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. BMO HARRIS BANK		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 1 W MAIN STREET		Transaction ID : SB23.4481
City MADISON	State WI	
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 352.64
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BMO HARRIS BANK		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 1 W MAIN STREET		Transaction ID : SB23.4482
City MADISON	State WI	
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 10.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 907.74

Total This Period (last page this line number only).....

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BMO HARRIS BANK		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 1 W MAIN STREET		Transaction ID : SB23.4483
City MADISON	State WI	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 257.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. ALEXANDRA BOETTCHER		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6305
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	Amount of Each Disbursement this Period 766.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. ALEXANDRA BOETTCHER		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6306
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	Amount of Each Disbursement this Period 1586.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 257.61

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALEXANDRA BOETTCHER		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6307
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 733.39
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. ALI BOETTCHER		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6902
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 259.45
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DARREN K BOLDING		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6309
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 06/30 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 6828.90
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 259.45

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DARREN K BOLDING		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6310
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7708.56	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DARREN K BOLDING		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6311
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7942.61	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DARREN K BOLDING		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6312
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7708.56	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DARREN K BOLDING		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6313
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7733.17	
Purpose of Disbursement INSPIRITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DARREN K BOLDING		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6314
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7708.56	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DARREN K BOLDING		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6903
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 46493.12	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 46493.12

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DARREN K BOLDING		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6315
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3675.76
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. BOX		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 4440 EL CAMINO REAL		Transaction ID : SB23.4485
City LOS ALTOS	State CA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: SOFTWARE		Amount of Each Disbursement this Period 1700.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. BOX		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 4440 EL CAMINO REAL		Transaction ID : SB23.4486
City LOS ALTOS	State CA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: SOFTWARE		Amount of Each Disbursement this Period 79.84
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BOX		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 4440 EL CAMINO REAL		Transaction ID : SB23.4487
City LOS ALTOS	State CA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: SOFTWARE		Amount of Each Disbursement this Period 10.17
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. EVAN S BRADTKE		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6317
City MADISON	State WI	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 674.25
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. EVAN S BRADTKE		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6318
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1746.39
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. EVAN S BRADTKE		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6319
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1770.12	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. EVAN S BRADTKE		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6320
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1746.39	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. EVAN S BRADTKE		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6321
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1770.12	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. EVAN S BRADTKE		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6322
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1746.39
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. EVAN S BRADTKE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6323
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 830.98
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ELLEN MARIE BREDENKOETTER		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6325
City MADISON	State WI	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3849.62
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ELLEN MARIE BREDENKOETTER		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6326
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4232.46	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ELLEN MARIE BREDENKOETTER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6327
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4242.12	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ELLEN MARIE BREDENKOETTER		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6328
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4232.46	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ELLEN MARIE BREDENKOETTER		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6329
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4242.12	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ELLEN MARIE BREDENKOETTER		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6330
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4232.46	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ELLEN MARIE BREDENKOETTER		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6331
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1977.29	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BREITBART NEWS NETWORK LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 8383 WILSHIRE BLVD #1000		Transaction ID : SB23.4489
City BEVERLY HILLS	State CA	
Purpose of Disbursement ONLINE ADVERTISING	Candidate Name	Amount of Each Disbursement this Period 12500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. ANDREW BREMBERG		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6333
City MADISON	State WI	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	Amount of Each Disbursement this Period 5663.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. ANDREW BREMBERG		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6334
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	Amount of Each Disbursement this Period 7907.07
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	[MEMO ITEM]	

Subtotal Of Receipts This Page (optional)..... 12500.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ANDREW BREMBERG		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6335
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8085.56	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ANDREW BREMBERG		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6336
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7907.07	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ANDREW BREMBERG		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6906
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 605.25	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 605.25

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ANDREW BREMBERG		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6337
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7930.79	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. ANDREW BREMBERG		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6907
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 106.17	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. ANDREW BREMBERG		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6338
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7907.07	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 106.17

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. ANDREW BREMBERG

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2015

Transaction ID : SB23.6339

Amount of Each Disbursement this Period: 3773.27

[MEMO ITEM]

B. BROOK FURNITURE RENTAL INC.

Full Name (Last, First, Middle Initial)

Mailing Address 24997 NETWORK PLACE

City CHICAGO State IL Zip Code 60673

Purpose of Disbursement
OFFICE FURNITURE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2015

Transaction ID : SB23.4491

Amount of Each Disbursement this Period: 9744.55

C. BUCKHEAD CLUB INC.

Full Name (Last, First, Middle Initial)

Mailing Address 3344 PEACHTREE ROAD NE #2600

City ATLANTA State GA Zip Code 30326

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2015

Transaction ID : SB23.4493

Amount of Each Disbursement this Period: 3859.00

Subtotal Of Receipts This Page (optional)..... 13603.55

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. BUDGET RENT A CAR		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4495
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 167.15
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. BUDGET RENT A CAR		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4496
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 104.24
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. BUDGET RENT A CAR		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 6 SYLVAN WAY		Transaction ID : SB23.4497
City PARSIPPANY-TROY HILLS	State NJ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: CAR RENTAL		Amount of Each Disbursement this Period 125.37
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DARRELL BURT		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 2747 170TH STREET		Transaction ID : SB23.6909
City MARSHALLTOWN	State IA Zip Code 50158	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	Amount of Each Disbursement this Period 301.86
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. BUTTE DES MORTS COUNTRY CLUB INC.		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 3600 W PROSPECT AVENUE		Transaction ID : SB23.4499
City APPLETON	State WI Zip Code 54914	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Category/Type	Amount of Each Disbursement this Period 1834.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. CAMPAIGN PROMOTIONS LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1919 M STREET NW #200		Transaction ID : SB23.4501
City WASHINGTON	State DC Zip Code 20036	
Purpose of Disbursement EVENT STAGING EXPENSE	Category/Type	Amount of Each Disbursement this Period 19393.65
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 21529.61

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		Transaction ID : SB23.4503
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 93737.50	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		Transaction ID : SB23.4504
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 2091.15	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		Transaction ID : SB23.4505
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 232047.99	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 327876.64

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		Transaction ID : SB23.4506
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 18249.99	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CAMPAIGN SOLUTIONS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 117 NORTH SAINT ASAPH STREET		Transaction ID : SB23.4507
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 5458.98	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CAPITAL COFFEE LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 4719 IVYWOOD TRAIL		Transaction ID : SB23.4510
City MCFARLAND State WI Zip Code 53558	Amount of Each Disbursement this Period 126.49	
Purpose of Disbursement OFFICE SUPPLIES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 23835.46

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CAPITOL STRATEGY GROUP INC.		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 2700 CUMBERLAND PKWY #150		Transaction ID : SB23.4512
City ATLANTA State GA Zip Code 30339	Amount of Each Disbursement this Period 8540.07	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 06 / 27 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4514
City ANKENY State IA Zip Code 50021	Amount of Each Disbursement this Period 81.80	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: FUEL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 06 / 28 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4515
City ANKENY State IA Zip Code 50021	Amount of Each Disbursement this Period 72.47	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: FUEL	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 8540.07

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4516
City ANKENY State IA Zip Code 50021	Amount of Each Disbursement this Period 27.66	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: VOLUNTEER FOOD	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4528
City ANKENY State IA Zip Code 50021	Amount of Each Disbursement this Period 27.43	
Purpose of Disbursement WETZEL 09/09 REIMBURSEMENT: TRAVEL: FUEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4517
City ANKENY State IA Zip Code 50021	Amount of Each Disbursement this Period 124.79	
Purpose of Disbursement EVENSON 08/07 REIMBURSEMENT: TRAVEL: FUEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. CASEY'S GENERAL STORE

Mailing Address 1 CONVENIENCE ROAD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement
NEITZEL 08/07 REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 31 / 2015

Transaction ID : **SB23.4521**

Amount of Each Disbursement this Period
20.92

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CASEY'S GENERAL STORE

Mailing Address 1 CONVENIENCE ROAD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement
NEITZEL 08/07 REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 31 / 2015

Transaction ID : **SB23.4522**

Amount of Each Disbursement this Period
25.78

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CASEY'S GENERAL STORE

Mailing Address 1 CONVENIENCE ROAD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement
MATEJOV 09/24 REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 25 / 2015

Transaction ID : **SB23.4519**

Amount of Each Disbursement this Period
27.83

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4526
City ANKENY State IA Zip Code 50021	Amount of Each Disbursement this Period 38.02	
Purpose of Disbursement REIMBURSEMENT: TRAVEL: FUEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4523
City ANKENY State IA Zip Code 50021	Amount of Each Disbursement this Period 18.58	
Purpose of Disbursement NEITZEL 09/09 REIMBURSEMENT: TRAVEL: FUEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4527
City ANKENY State IA Zip Code 50021	Amount of Each Disbursement this Period 20.00	
Purpose of Disbursement REIMBURSEMENT: TRAVEL: FUEL	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. CASEY'S GENERAL STORE

Mailing Address 1 CONVENIENCE ROAD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement MATEJOV 09/24 REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 28 / 2015

Transaction ID : SB23.4520

Amount of Each Disbursement this Period: 16.21

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CASEY'S GENERAL STORE

Mailing Address 1 CONVENIENCE ROAD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement NEITZEL 09/24 REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 11 / 2015

Transaction ID : SB23.4524

Amount of Each Disbursement this Period: 27.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. CASEY'S GENERAL STORE

Mailing Address 1 CONVENIENCE ROAD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement NEITZEL 09/24 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 11 / 2015

Transaction ID : SB23.4525

Amount of Each Disbursement this Period: 7.79

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. CASEY'S GENERAL STORE

Mailing Address 1 CONVENIENCE ROAD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement
WETZEL 09/24 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	5

Transaction ID : SB23.4531

Amount of Each Disbursement this Period

4	.	7	0
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. CASEY'S GENERAL STORE

Mailing Address 1 CONVENIENCE ROAD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement
WETZEL 09/24 REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : SB23.4529

Amount of Each Disbursement this Period

3	6	.	8	6
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. CASEY'S GENERAL STORE

Mailing Address 1 CONVENIENCE ROAD

City ANKENY State IA Zip Code 50021

Purpose of Disbursement
WETZEL 09/24 REIMBURSEMENT: TRAVEL: FUEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	5

Transaction ID : SB23.4530

Amount of Each Disbursement this Period

2	9	.	1	4
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 09 / 19 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4518
City ANKENY	State IA Zip Code 50021	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 2.08
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 09 / 19 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4532
City ANKENY	State IA Zip Code 50021	
Purpose of Disbursement WETZEL 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 4.47
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 09 / 20 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4533
City ANKENY	State IA Zip Code 50021	
Purpose of Disbursement WETZEL 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 2.06
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CASEY'S GENERAL STORE		Date of Disbursement MM / DD / YYYY 09 / 20 / 2015
Mailing Address 1 CONVENIENCE ROAD		Transaction ID : SB23.4534
City ANKENY	State IA	
Purpose of Disbursement WETZEL 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 2.06
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. CURTIS E CASHOUR		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6341
City MADISON	State WI	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4932.88
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. CURTIS E CASHOUR		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6342
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 6226.86
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. CURTIS E CASHOUR

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2015

Transaction ID : SB23.6343

Amount of Each Disbursement this Period: 6445.96

[MEMO ITEM]

B. CURTIS E CASHOUR

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2015

Transaction ID : SB23.6344

Amount of Each Disbursement this Period: 6226.86

[MEMO ITEM]

C. CURTIS E CASHOUR

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2015

Transaction ID : SB23.6345

Amount of Each Disbursement this Period: 6251.48

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CURTIS E CASHOUR		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6346
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6226.86	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CURTIS E CASHOUR		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6347
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2919.82	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CEDAR RAPIDS MUSEUM OF ART		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 410 THIRD AVE SE		Transaction ID : SB23.4536
City CEDAR RAPIDS State IA Zip Code 52401	Amount of Each Disbursement this Period 580.00	
Purpose of Disbursement FACILITY RENTAL	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 580.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATT CENSKY		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6349
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 14.55	
Purpose of Disbursement CENSKY 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MATT CENSKY		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6350
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 14.56	
Purpose of Disbursement CENSKY 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MATTHIAS J CENSKY		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6352
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1945.45	
Purpose of Disbursement INSPIRITY 06/30 PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATTHIAS J CENSKY		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6353
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2658.93	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MATTHIAS J CENSKY		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6354
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3311.87	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MATTHIAS J CENSKY		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6355
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2883.33	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. MATTHIAS J CENSKY

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 28 / 2015

Transaction ID : **SB23.6356**

Amount of Each Disbursement this Period
2907.95

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MATTHIAS J CENSKY

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 14 / 2015

Transaction ID : **SB23.6357**

Amount of Each Disbursement this Period
2883.33

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MATTHIAS J CENSKY

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 30 / 2015

Transaction ID : **SB23.6358**

Amount of Each Disbursement this Period
1355.64

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. CHARTER COMMUNICATIONS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>28</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	07		28		2015
M M	/	D D	/	Y Y Y Y									
07		28		2015									
Mailing Address PO BOX 3019		Transaction ID : SB23.4538											
City MIWAUKEE	State WI	Zip Code 53201	Amount of Each Disbursement this Period										
Purpose of Disbursement INTERNET/TELEPHONE SERVICES	Category/Type												
Candidate Name	Disbursement For: 2016		8018.00										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. CHARTER COMMUNICATIONS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>19</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	08		19		2015
M M	/	D D	/	Y Y Y Y									
08		19		2015									
Mailing Address PO BOX 3019		Transaction ID : SB23.4539											
City MIWAUKEE	State WI	Zip Code 53201	Amount of Each Disbursement this Period										
Purpose of Disbursement INTERNET/TELEPHONE SERVICES	Category/Type												
Candidate Name	Disbursement For: 2016		1975.24										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. CHARTER COMMUNICATIONS		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>03</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		03		2015
M M	/	D D	/	Y Y Y Y									
09		03		2015									
Mailing Address PO BOX 3019		Transaction ID : SB23.4540											
City MIWAUKEE	State WI	Zip Code 53201	Amount of Each Disbursement this Period										
Purpose of Disbursement INTERNET/TELEPHONE SERVICES	Category/Type												
Candidate Name	Disbursement For: 2016		5302.04										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State: District:													

Subtotal Of Receipts This Page (optional).....

15295.28

Total This Period (last page this line number only).....

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ELIZABETH E CHRISTOFFERSEN		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6360
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3607.08	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. ELIZABETH E CHRISTOFFERSEN		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6361
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3635.86	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. ELIZABETH E CHRISTOFFERSEN		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6362
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3614.20	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ELIZABETH E CHRISTOFFERSEN		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6363
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1666.61
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. CIBO FUSION		Date of Disbursement MM / DD / YYYY 07 / 26 / 2015
Mailing Address 685 MARION RD		Transaction ID : SB23.4542
City MARION	State IA	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: MEETING EXPENSE: MEALS		Amount of Each Disbursement this Period 258.12
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. CITADEL REPUBLICAN SOCIETY		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 171 MOULTRIE STREET		Transaction ID : SB23.4544
City CHARLESTON	State SC	
Purpose of Disbursement CATERING SERVICES		Amount of Each Disbursement this Period 1161.08
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1161.08

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2000 / 2684

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CITY TREASURER		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1622 LINDALE LANE		Transaction ID : SB23.4546
City MADISON	State WI	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 1137.39
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. CITY TREASURER		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1622 LINDALE LANE		Transaction ID : SB23.4547
City MADISON	State WI	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 166.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. CLEARWING PRODUCTIONS INC.		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 11101 W MITCHELL ST		Transaction ID : SB23.4549
City MILWAUKEE	State WI	
Purpose of Disbursement EVENT STAGING EXPENSE	Candidate Name	Amount of Each Disbursement this Period 41300.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 42604.41

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COLBY PEAKS CONSULTING		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 2565 WIMBLETON PLACE		Transaction ID : SB23.4551
City WOODBURY	State MN	
Purpose of Disbursement CONFERENCE CALLS	Candidate Name	Amount of Each Disbursement this Period 471.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. COMFORT INN		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 10750 COLUMBIA PIKE		Transaction ID : SB23.4553
City SILVER SPRING	State MD	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: LODGING	Candidate Name	Amount of Each Disbursement this Period 151.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. COMFORT INN		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 10750 COLUMBIA PIKE		Transaction ID : SB23.4554
City SILVER SPRING	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING	Candidate Name	Amount of Each Disbursement this Period 124.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	[MEMO ITEM]	

Subtotal Of Receipts This Page (optional)..... 471.80

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COMFORT INN		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 10750 COLUMBIA PIKE		Transaction ID : SB23.4556
City SILVER SPRING	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 156.79
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. COMFORT INN		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 10750 COLUMBIA PIKE		Transaction ID : SB23.4557
City SILVER SPRING	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 156.79
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. COMFORT INN		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 10750 COLUMBIA PIKE		Transaction ID : SB23.4558
City SILVER SPRING	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 156.79
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COMFORT INN		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 10750 COLUMBIA PIKE		Transaction ID : SB23.4559
City SILVER SPRING	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 162.39
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. COMFORT INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 10750 COLUMBIA PIKE		Transaction ID : SB23.4555
City SILVER SPRING	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 123.15
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. COMFORT INN		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 10750 COLUMBIA PIKE		Transaction ID : SB23.4560
City SILVER SPRING	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 215.82
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COMFORT SUITES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 10750 COLUMBIA PIKE		Transaction ID : SB23.4562
City SILVER SPRING	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: LODGING		Amount of Each Disbursement this Period 133.09
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COMFORT SUITES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 10750 COLUMBIA PIKE		Transaction ID : SB23.4563
City SILVER SPRING	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: LODGING		Amount of Each Disbursement this Period 133.09
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COMFORT SUITES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 10750 COLUMBIA PIKE		Transaction ID : SB23.4564
City SILVER SPRING	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 133.09
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COMMUNICATIONS CORPORATION OF AMERICA		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 13195 FREEDOM WAY		Transaction ID : SB23.4566
City BOSTON State VA Zip Code 22713	Amount of Each Disbursement this Period 28932.76	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. COMMUNICATIONS CORPORATION OF AMERICA		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 13195 FREEDOM WAY		Transaction ID : SB23.4567
City BOSTON State VA Zip Code 22713	Amount of Each Disbursement this Period 30400.72	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. COMMUNICATIONS CORPORATION OF AMERICA		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 13195 FREEDOM WAY		Transaction ID : SB23.4568
City BOSTON State VA Zip Code 22713	Amount of Each Disbursement this Period 41488.98	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 100822.46

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COMMUNICATIONS CORPORATION OF AMERICA		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 13195 FREEDOM WAY		Transaction ID : SB23.4569
City BOSTON	State VA Zip Code 22713	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Category/Type	Amount of Each Disbursement this Period 20998.38
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. CONNECTIVIST MEDIA		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 544 E OGDEN AVE #700-161		Transaction ID : SB23.4570
City MILWAUKEE	State WI Zip Code 53202	
Purpose of Disbursement DIGITAL CONSULTING	Category/Type	Amount of Each Disbursement this Period 20000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. CONNECTIVIST MEDIA		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 544 E OGDEN AVE #700-161		Transaction ID : SB23.4571
City MILWAUKEE	State WI Zip Code 53202	
Purpose of Disbursement DIGITAL CONSULTING	Category/Type	Amount of Each Disbursement this Period 30913.56
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 71911.94

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CONNECTIVIST MEDIA		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 544 E OGDEN AVE #700-161		Transaction ID : SB23.4572
City MILWAUKEE	State WI	
Purpose of Disbursement DIGITAL CONSULTING	Category/ Type	Amount of Each Disbursement this Period 10000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. MATT CONNELLY		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6913
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type	Amount of Each Disbursement this Period 333.38
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. MATTHEW J CONNELLY		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6365
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 08/13 PAYROLL/TAXES & BENEFITS	Category/ Type	Amount of Each Disbursement this Period 4889.93
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 10333.38

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATTHEW J CONNELLY		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6366
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 08/28 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4849.03
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MATTHEW J CONNELLY		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6367
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4640.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. MATTHEW J CONNELLY		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6914
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 417.45
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 417.45

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATTHEW J CONNELLY		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6368
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2144.23	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. CONSILIUM CONNECT LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address PO BOX 10669		Transaction ID : SB23.4574
City RALEIGH State NC Zip Code 27605	Amount of Each Disbursement this Period 4583.00	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. EMILY A CORNELL		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6370
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3615.60	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 4583.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. EMILY A CORNELL		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6371
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7824.00	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. EMILY A CORNELL		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6372
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7627.15	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. EMILY A CORNELL		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6373
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7347.79	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. EMILY A CORNELL		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6915
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 262.55	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EMILY A CORNELL		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6374
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7338.13	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. EMILY A CORNELL		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6375
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7338.13	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 262.55

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ROBERT J COSTELLO		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6377
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 766.31	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ROBERT J COSTELLO		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6378
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 776.85	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ROBERT J COSTELLO		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6379
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 771.53	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COUNTRY CLUB OF YORK		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address PO BOX 6		Transaction ID : SB23.4576
City YORK	State PA	
Zip Code 17405	Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Amount of Each Disbursement this Period 4335.33
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 21 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4587
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement EVENSON 07/22 REIMBURSEMENT: TRAVE: FOOD	Amount of Each Disbursement this Period 43.97
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 06 / 24 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4589
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: LODGING	Amount of Each Disbursement this Period 782.65
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 4335.33

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4590
City BETHESDA	State MD	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 144.48
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4591
City BETHESDA	State MD	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 144.48
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4600
City BETHESDA	State MD	
Purpose of Disbursement O'DRISCOLL 09/09 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 340.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4579
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 4.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4592
City BETHESDA	State MD	
Purpose of Disbursement HERSHNER 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 2.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4593
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 5.89
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4594
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 3.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4607
City BETHESDA	State MD	
Purpose of Disbursement WILEY 07/22 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 173.31
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4580
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 173.31
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4581
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 3292.89
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4582
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 866.01
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4603
City BETHESDA	State MD	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 80.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4583
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 160.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4604
City BETHESDA	State MD	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 399.71
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4584
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 2431.49
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4601
City BETHESDA	State MD	
Purpose of Disbursement ODRISCOLL 09/09 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 345.35
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4585
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 7336.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4586
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 2113.03
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4608
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 220.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4610
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 19.53
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4611
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 60.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4612
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 16.43
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4609
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 178.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4613
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 15.80
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4614
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 60.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4615
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 13.96
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 05 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4588
City BETHESDA	State MD	
Purpose of Disbursement EVENSON 09/24 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 125.46
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4578
City BETHESDA	State MD	
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 157.07
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4595
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 2.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4596
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 5.35
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4602
City BETHESDA	State MD	
Purpose of Disbursement ODRISCOLL 09/24 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 157.07
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4597
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 7.58
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4598
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.23
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4599
City BETHESDA	State MD	
Purpose of Disbursement NEITZEL 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 13.44
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4605
City BETHESDA	State MD	
Purpose of Disbursement SMITH 09/24 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 314.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTYARD BY MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 19 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4606
City BETHESDA	State MD	
Purpose of Disbursement WETZEL 09/24 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 311.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COLLEEN COYLE		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6381
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4257.91	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. COLLEEN COYLE		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6382
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4682.03	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. COLLEEN COYLE		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6383
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4691.69	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COLLEEN COYLE		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6384
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4906.43	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. COLLEEN COYLE		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6918
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6926.21	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. COLLEEN COYLE		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6385
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 5604.25	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 6926.21

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COLLEEN COYLE		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6386
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4906.43	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. COLLEEN COYLE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6387
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4906.43	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. NATHAN A CRAFT		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6389
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1181.99	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. NATHAN A CRAFT

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 31 / 2015

Transaction ID : SB23.6390

Amount of Each Disbursement this Period: 1307.44

[MEMO ITEM]

B. NATHAN A CRAFT

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 13 / 2015

Transaction ID : SB23.6391

Amount of Each Disbursement this Period: 1297.78

[MEMO ITEM]

C. NATHAN A CRAFT

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 28 / 2015

Transaction ID : SB23.6392

Amount of Each Disbursement this Period: 1515.72

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. NATHAN A CRAFT		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6393
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1586.00	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NATHAN A CRAFT		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6394
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 733.39	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CRAZY EGG		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 16220 EAST RIDGEVIEW LAND		Transaction ID : SB23.4617
City LA MIRANDA State CA Zip Code 90638	Amount of Each Disbursement this Period 1188.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: WEB DEVELOPMENT	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CROWNE PLAZA		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 3 RAVINIA DRIVE SUITE 100		Transaction ID : SB23.4619
City ATLANTA	State GA Zip Code 30346	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 1329.39
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. CROWNE PLAZA		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 3 RAVINIA DRIVE SUITE 100		Transaction ID : SB23.4620
City ATLANTA	State GA Zip Code 30346	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 1522.90
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. CROWNE PLAZA		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 3 RAVINIA DRIVE SUITE 100		Transaction ID : SB23.4621
City ATLANTA	State GA Zip Code 30346	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 218.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CROWNE PLAZA		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 3 RAVINIA DRIVE SUITE 100		Transaction ID : SB23.4622
City ATLANTA	State GA Zip Code 30346	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 658.40
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. CROWNE PLAZA		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 3 RAVINIA DRIVE SUITE 100		Transaction ID : SB23.4623
City ATLANTA	State GA Zip Code 30346	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 998.48
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. CARLOS M CRUZ		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6396
City MADISON	State WI Zip Code 53704	
Purpose of Disbursement INSPIRITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2228.63
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. CARLOS M CRUZ

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2015

Transaction ID : SB23.6397

Amount of Each Disbursement this Period: 2460.33

[MEMO ITEM]

B. CARLOS M CRUZ

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2015

Transaction ID : SB23.6398

Amount of Each Disbursement this Period: 3123.87

[MEMO ITEM]

C. CARLOS M CRUZ

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2015

Transaction ID : SB23.6399

Amount of Each Disbursement this Period: 2694.80

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. CARLOS M CRUZ		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6400
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2663.07	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CARLOS M CRUZ		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6919
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1869.63	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CARLOS M CRUZ		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6401
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1231.95	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1869.63

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="checked" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. CRYSTAL ROWLAND & ASSOCIATES

Mailing Address **302 WASHINGTON STREET #555**

City **SAN DIEGO** State **CA** Zip Code **92103**

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 22 / 2015

Transaction ID : SB23.4625

Amount of Each Disbursement this Period
11017.02

Full Name (Last, First, Middle Initial)
B. CRYSTAL ROWLAND & ASSOCIATES

Mailing Address **302 WASHINGTON STREET #555**

City **SAN DIEGO** State **CA** Zip Code **92103**

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President
Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 24 / 2015

Transaction ID : SB23.4626

Amount of Each Disbursement this Period
7945.07

Full Name (Last, First, Middle Initial)
C. CUBE SERVICES INC.

Mailing Address **4098 S MCCARRAN BLVD**

City **RENO** State **NV** Zip Code **89502**

Purpose of Disbursement
EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President
Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 07 / 2015

Transaction ID : SB23.4628

Amount of Each Disbursement this Period
940.97

Subtotal Of Receipts This Page (optional)..... → **19903.06**

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. DANE COUNTY REGIONAL AIRPORT

Mailing Address 4000 INTERNATIONAL LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
MATEJOV 08/07 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 07 / 25 / 2015

Transaction ID : SB23.4630

Amount of Each Disbursement this Period

40.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DANE COUNTY REGIONAL AIRPORT

Mailing Address 4000 INTERNATIONAL LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
WACLAWSKI 09/09 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 08 / 15 / 2015

Transaction ID : SB23.4637

Amount of Each Disbursement this Period

16.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DANE COUNTY REGIONAL AIRPORT

Mailing Address 4000 INTERNATIONAL LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
MATEJOV 09/24 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 08 / 27 / 2015

Transaction ID : SB23.4631

Amount of Each Disbursement this Period

80.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DANE COUNTY REGIONAL AIRPORT		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 4000 INTERNATIONAL LANE		Transaction ID : SB23.4634
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 70.00	
Purpose of Disbursement NEITZEL 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DANE COUNTY REGIONAL AIRPORT		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 4000 INTERNATIONAL LANE		Transaction ID : SB23.4638
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 30.00	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DANE COUNTY REGIONAL AIRPORT		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 4000 INTERNATIONAL LANE		Transaction ID : SB23.4632
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement MATEJOV 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. DANE COUNTY REGIONAL AIRPORT

Mailing Address 4000 INTERNATIONAL LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
NEITZEL 09/17 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	5

Transaction ID : SB23.4635

Amount of Each Disbursement this Period

6	7	.	0	0
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. DANE COUNTY REGIONAL AIRPORT

Mailing Address 4000 INTERNATIONAL LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
MATEJOV 09/24 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	1	5

Transaction ID : SB23.4633

Amount of Each Disbursement this Period

4	0	.	0	0
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. DANE COUNTY REGIONAL AIRPORT

Mailing Address 4000 INTERNATIONAL LANE

City MADISON State WI Zip Code 53704

Purpose of Disbursement
NEITZEL 09/24 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	5

Transaction ID : SB23.4636

Amount of Each Disbursement this Period

2	0	.	0	0
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ANASTASIA J DAY		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6403
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2097.12	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ANASTASIA J DAY		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6404
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2316.22	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ANASTASIA J DAY		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6405
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2306.56	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. ANASTASIA J DAY

Full Name (Last, First, Middle Initial)
Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2015

Transaction ID : SB23.6406

Amount of Each Disbursement this Period: 2314.26

[MEMO ITEM]

B. ANASTASIA J DAY

Full Name (Last, First, Middle Initial)
Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2015

Transaction ID : SB23.6407

Amount of Each Disbursement this Period: 2295.31

[MEMO ITEM]

C. ANASTASIA J DAY

Full Name (Last, First, Middle Initial)
Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2015

Transaction ID : SB23.6922

Amount of Each Disbursement this Period: 318.60

Subtotal Of Receipts This Page (optional)..... 318.60

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ANASTASIA J DAY		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6408
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1060.71
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4640
City ATLANTA	State GA	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 19.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4641
City ATLANTA	State GA	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 19.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional).....→

Total This Period (last page this line number only).....→

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4642
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 19.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4643
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 19.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4644
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 19.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional).....→ 0.00

Total This Period (last page this line number only).....→

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4645
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 59.00	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4646
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 59.00	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4647
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 59.00	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4648
City ATLANTA	State GA	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 59.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4649
City ATLANTA	State GA	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 59.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4650
City ATLANTA	State GA	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 235.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4651
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 235.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4652
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 235.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4783
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 50.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4653
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 19.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4654
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 19.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4655
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 25.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4656
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 25.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4657
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 25.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4658
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 69.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4659
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 69.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4660
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 89.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4661
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Amount of Each Disbursement this Period 89.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4662
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 89.00	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4663
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 19.00	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4664
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 29.00	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4665
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 29.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4666
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 39.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4667
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 39.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4668
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 69.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4669
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 89.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 06 / 28 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4784
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 470.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 03 / 2015

Transaction ID : **SB23.4670**

Amount of Each Disbursement this Period: 200.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 03 / 2015

Transaction ID : **SB23.4671**

Amount of Each Disbursement this Period: 392.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 03 / 2015

Transaction ID : **SB23.4672**

Amount of Each Disbursement this Period: 564.20

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4678
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 29.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4679
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 809.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 04 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4673
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period -392.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 04 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4674
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 727.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 04 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4675
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 1438.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4676
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	Amount of Each Disbursement this Period 763.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4680
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 178.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4797
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 846.70	
Purpose of Disbursement O'DRISCOLL 09/09 REIMBURSEMENT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4798
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 671.20	
Purpose of Disbursement PURCELL 07/22 REIMBURSEMENT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4681
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 39.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4682
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 691.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4794
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 393.20	
Purpose of Disbursement OCZKOWSKI 08/07 REIMBURSEMENT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4795
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 16.00	
Purpose of Disbursement OCZKOWSKI 08/07 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4796
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 16.00	
Purpose of Disbursement OCZKOWSKI 08/07 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4683
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 479.60	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4684
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 479.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4685
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 479.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 12 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4686
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 588.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4687
City ATLANTA State GA Zip Code 30354	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4688
City ATLANTA State GA Zip Code 30354	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4791
City ATLANTA State GA Zip Code 30354	Purpose of Disbursement KLUG 08/07 REIMBURSEMENT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 438.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4689
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Amount of Each Disbursement this Period 35.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4690
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Amount of Each Disbursement this Period 35.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4691
City ATLANTA	State GA	
Zip Code 30354	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Amount of Each Disbursement this Period 35.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4692
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 35.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4693
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 234.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4694
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 274.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4695
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 274.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4696
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 369.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4697
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 369.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4698
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 317.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4699
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 317.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4700
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 55.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4701
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 465.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4702
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 465.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4703
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 465.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4704
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 465.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4705
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 465.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4706
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 55.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4707
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 55.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4708
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 680.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4709
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 584.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 17 / 2015

Transaction ID : **SB23.4710**

Amount of Each Disbursement this Period
449.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 17 / 2015

Transaction ID : **SB23.4711**

Amount of Each Disbursement this Period
306.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. DELTA AIR LINES

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 17 / 2015

Transaction ID : **SB23.4712**

Amount of Each Disbursement this Period
664.10

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4713
City ATLANTA State GA Zip Code 30354	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 464.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4714
City ATLANTA State GA Zip Code 30354	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 817.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4677
City ATLANTA State GA Zip Code 30354	Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 388.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4785
City ATLANTA	State GA	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 419.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4715
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 200.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4792
City ATLANTA	State GA	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 777.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4716
City ATLANTA State GA Zip Code 30354	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 406.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4717
City ATLANTA State GA Zip Code 30354	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 35.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4718
City ATLANTA State GA Zip Code 30354	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 536.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4719
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 515.20	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4730
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 445.60	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4731
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4732
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 437.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4786
City ATLANTA	State GA	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 551.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4720
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 522.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4733
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 514.20	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4734
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 425.60	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4735
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4721
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period -55.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4722
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period -55.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4723
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period -55.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4736
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 426.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4737
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 426.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4738
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4739
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4740
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 426.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4741
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 426.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4742
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4743
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4744
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4745
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 426.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4746
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 812.70
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4747
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 576.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4748
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4749
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 287.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4750
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 287.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4751
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 287.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4752
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 287.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4787
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 292.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4753
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 509.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4754
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 509.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4755
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 25.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4756
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 59.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4757
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4758
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4759
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 649.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4760
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4761
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 649.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4762
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 649.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4763
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4764
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 562.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4765
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4766
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4767
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 649.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4768
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 649.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4769
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 649.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4724
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 564.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4725
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 564.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4770
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 235.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4771
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 19.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4772
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 19.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4773
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 235.60	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4726
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 19.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4727
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 49.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4728
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 600.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4729
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 782.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4774
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 499.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4775
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 25.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4776
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 437.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4799
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement WACLAWSKI 09/09 REIMBURSEMENT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 512.20
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4777
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 416.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4788
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 556.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4778
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 1318.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4789
City ATLANTA	State GA	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 173.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4779
City ATLANTA	State GA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 406.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4780
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 406.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4801
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 521.20
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4781
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 22.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional).....→ 0.00

Total This Period (last page this line number only).....→

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4782
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 22.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 30 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4790
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement GALLATIN 09/24 REIMBURSEMENT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 530.35
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 30 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4800
City ATLANTA	State GA Zip Code 30354	
Purpose of Disbursement WACLAWSKI 09/24 REIMBURSEMENT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 373.20
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 30 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4802
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 266.10	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4793
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 454.30	
Purpose of Disbursement NEITZEL 09/17 REIMBURSEMENT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1030 DELTA BLVD		Transaction ID : SB23.4803
City ATLANTA State GA Zip Code 30354	Amount of Each Disbursement this Period 330.50	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MICHAEL A DEMKIW		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6410
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1161.07
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MICHAEL A DEMKIW		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6411
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1595.66
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MICHAEL A DEMKIW		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6412
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2185.01
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MICHAEL A DEMKIW		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6413
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1829.42	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MICHAEL A DEMKIW		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6414
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1810.05	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MICHAEL A DEMKIW		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6415
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 838.11	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DESIGN FOUNDRY		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 1851 SOUTH CLUB DRIVE		Transaction ID : SB23.4805
City HYATTSVILLE	State MD	
Purpose of Disbursement EVENT STAGING EXPENSE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="44240.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DINERS CLUB MASTERCARD		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address PO BOX 6138		Transaction ID : SB23.4809
City CAROL STREAM	State IL	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="45226.06"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DINERS CLUB MASTERCARD		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address PO BOX 6138		Transaction ID : SB23.4807
City CAROL STREAM	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: BANK FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....

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**SCHEDULE B-P
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. DINERS CLUB MASTERCARD

Mailing Address PO BOX 6138

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 28 / 2015

Transaction ID : **SB23.4810**

Amount of Each Disbursement this Period
65961.90

Category/Type

Full Name (Last, First, Middle Initial)
B. DINERS CLUB MASTERCARD

Mailing Address PO BOX 6138

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
CREDIT CARD PAYMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 19 / 2015

Transaction ID : **SB23.4811**

Amount of Each Disbursement this Period
54363.43

Category/Type

Full Name (Last, First, Middle Initial)
C. DINERS CLUB MASTERCARD

Mailing Address PO BOX 6138

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: BANK FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 26 / 2015

Transaction ID : **SB23.4808**

Amount of Each Disbursement this Period
3.00

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 120325.33

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DINERS CLUB MASTERCARD		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address PO BOX 6138		Transaction ID : SB23.4812
City CAROL STREAM	State IL	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 86300.68
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. DINERS CLUB MASTERCARD		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address PO BOX 6138		Transaction ID : SB23.4813
City CAROL STREAM	State IL	
Purpose of Disbursement CREDIT CARD PAYMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 60000.00
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DIRECT MAIL MARKETING GROUP		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 22780 INDIAN CREEK DRIVE		Transaction ID : SB23.4815
City DULLES	State VA	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE		Amount of Each Disbursement this Period 7344.16
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 153644.84

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DMM MEDIA		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1911 N FORT MYER DRIVE #400		Transaction ID : SB23.4817
City ARLINGTON	State VA Zip Code 22209	
Purpose of Disbursement VIDEO PRODUCTION SERVICES	Category/Type	Amount of Each Disbursement this Period 65883.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DORSEE PRODUCTIONS INC.		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address PO BOX 455		Transaction ID : SB23.4819
City RANCHO SANTA FE	State CA Zip Code 92067	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type	Amount of Each Disbursement this Period 11780.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JOHN DORSEY		Date of Disbursement MM / DD / YYYY 09 / 28 / 2015
Mailing Address 3100 WEST 68TH STREET		Transaction ID : SB23.6924
City MISSION HILLS	State KS Zip Code 66208	
Purpose of Disbursement EVENT ENTERTAINMENT	Category/Type	Amount of Each Disbursement this Period 630.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 78293.10

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DOUBLETREE		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 9336 CIVIC CTR DR		Transaction ID : SB23.4821
City BEVERLY HILLS	State CA	
Zip Code 90210	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Amount of Each Disbursement this Period 392.51
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DOUBLETREE		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 9336 CIVIC CTR DR		Transaction ID : SB23.4822
City BEVERLY HILLS	State CA	
Zip Code 90210	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Amount of Each Disbursement this Period 392.51
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DRUCKER LAWHON LLP		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 317 15TH STREET NE		Transaction ID : SB23.4824
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement FUNDRAISING CONSULTING	Amount of Each Disbursement this Period 15000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....	15000.00
Total This Period (last page this line number only).....	

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DRUCKER LAWHON LLP		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 317 15TH STREET NE		Transaction ID : SB23.4825
City WASHINGTON	State DC	
Zip Code 20002	Purpose of Disbursement FUNDRAISING CONSULTING	Amount of Each Disbursement this Period 7500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. DUNKIN DONUTS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 130 ROYALL STREET		Transaction ID : SB23.4830
City CANTON	State MA	
Zip Code 02021	Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 4.96
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DUNKIN DONUTS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 130 ROYALL STREET		Transaction ID : SB23.4831
City CANTON	State MA	
Zip Code 02021	Purpose of Disbursement O'DRISCOLL 09/09 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 485.08
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 7500.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DUNKIN DONUTS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 130 ROYALL STREET		Transaction ID : SB23.4832
City CANTON State MA Zip Code 02021	Amount of Each Disbursement this Period 5.43	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DUNKIN DONUTS		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 130 ROYALL STREET		Transaction ID : SB23.4828
City CANTON State MA Zip Code 02021	Amount of Each Disbursement this Period 6.19	
Purpose of Disbursement EVENSON 08/07 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. DUNKIN DONUTS		Date of Disbursement MM / DD / YYYY 09 / 06 / 2015
Mailing Address 130 ROYALL STREET		Transaction ID : SB23.4827
City CANTON State MA Zip Code 02021	Amount of Each Disbursement this Period 2.05	
Purpose of Disbursement CONNELLY 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DUNKIN DONUTS		Date of Disbursement MM / DD / YYYY 09 / 19 / 2015
Mailing Address 130 ROYALL STREET		Transaction ID : SB23.4829
City CANTON	State MA	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 11.74
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JOHN DWYER		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6417
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 13.16
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JOHN DWYER		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6418
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 866.67
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. LEONARD EAGER		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6424
City MADISON	State WI	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1855.48
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. LEONARD EAGER		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6425
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2029.14
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. LEONARD EAGER		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6423
City MADISON	State WI	
Purpose of Disbursement EAGER 08/25 REIMBURSEMENT: MILEAGE		Amount of Each Disbursement this Period 50.06
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. LEONARD EAGER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6426
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2053.76	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. LEONARD EAGER		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6427
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2029.14	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. LEONARD EAGER		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6428
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2053.76	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. LEONARD EAGER		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6429
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2029.14
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. LEONARD EAGER		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6928
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 95.94
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. LEONARD EAGER		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6430
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 961.59
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... → 95.94

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PRENTICE EAGER		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6420
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 36.00	
Purpose of Disbursement EAGER 07/28 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PRENTICE EAGER		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6421
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 36.00	
Purpose of Disbursement EAGER 07/28 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PRENTICE EAGER		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6930
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 486.68	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 486.68

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. EDGEWATER		Date of Disbursement MM / DD / YYYY 09 / 13 / 2015
Mailing Address 1001 WISCONSIN PLACE		Transaction ID : SB23.4834
City MADISON	State WI	
Purpose of Disbursement CONNELLY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 34.82
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. EDGEWATER		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1001 WISCONSIN PLACE		Transaction ID : SB23.4835
City MADISON	State WI	
Purpose of Disbursement CONNELLY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 3.90
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ENTERPRISE RENT-A-CAR		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 600 CORPORATE PARK DRIVE ST		Transaction ID : SB23.4837
City ST LOUIS	State MO	
Purpose of Disbursement GRIFFITH 9/24 REIMBURSEMENT: CAR RENTAL		Amount of Each Disbursement this Period 259.88
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ENTERPRISE RENT-A-CAR		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 600 CORPORATE PARK DRIVE ST		Transaction ID : SB23.4838
City ST LOUIS	State MO	
Zip Code 63105	Purpose of Disbursement BOETTCHER 09/24 REIMBURSEMENT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 165.25
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ENTERPRISE RENT-A-CAR		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 600 CORPORATE PARK DRIVE ST		Transaction ID : SB23.4839
City ST LOUIS	State MO	
Zip Code 63105	Purpose of Disbursement GROTH 09/24 REIMBURSEMENT: TRAVEL: CAR RENTAL	Amount of Each Disbursement this Period 166.19
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ESA CHICAGO - O'HARE		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 1207 E TOUHY AVE		Transaction ID : SB23.4841
City DES PLAINES	State IL	
Zip Code 60018	Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: LODGING	Amount of Each Disbursement this Period 688.10
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ANDREW J EVENSON		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6435
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2225.79	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. ANDREW J EVENSON		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6437
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3437.69	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. ANDREW J EVENSON		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6439
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3258.41	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ANDREW J EVENSON		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6441
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3269.41	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ANDREW J EVENSON		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6443
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3243.41	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ANDREW J EVENSON		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6445
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1499.87	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. THOMAS EVENSON		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6433
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3450.89	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. THOMAS EVENSON		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6436
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3782.87	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. THOMAS EVENSON		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6931
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 218.54	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 218.54

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. THOMAS EVENSON

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
EVENSON 08/07 REIMBURSEMENT: MILEAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 26 / 2015

Transaction ID : SB23.6432

Amount of Each Disbursement this Period: 42.00

[MEMO ITEM]

B. THOMAS EVENSON

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2015

Transaction ID : SB23.6438

Amount of Each Disbursement this Period: 4501.85

[MEMO ITEM]

C. THOMAS EVENSON

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2015

Transaction ID : SB23.6440

Amount of Each Disbursement this Period: 4014.17

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. THOMAS EVENSON		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6932
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1277.80	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. THOMAS EVENSON		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6442
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4039.25	
Purpose of Disbursement INSPIRITY 08/28 PAYROLL/TAXES & BENEFITS	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. THOMAS EVENSON		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6933
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1410.36	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2688.16

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. THOMAS EVENSON		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6444
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4014.17
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. THOMAS EVENSON		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6934
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 1172.49
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. THOMAS EVENSON		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6446
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3814.33
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1172.49

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. EXPEDIA		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 3150 139TH AVE SE		Transaction ID : SB23.4845
City BELLEVUE	State WA	
Purpose of Disbursement PURCELL 08/07 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 589.25
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. EXPEDIA		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 3150 139TH AVE SE		Transaction ID : SB23.4846
City BELLEVUE	State WA	
Purpose of Disbursement PURCELL 08/07 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 399.91
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. EXPEDIA		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 3150 139TH AVE SE		Transaction ID : SB23.4844
City BELLEVUE	State WA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 301.22
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. EXPEDIA		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 3150 139TH AVE SE		Transaction ID : SB23.4847
City BELLEVUE	State WA	
Zip Code 98005	Purpose of Disbursement PURCELL 08/07 REIMBURSEMENT: TRAVEL: AIR	Amount of Each Disbursement this Period 496.70
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. EXPEDIA		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 3150 139TH AVE SE		Transaction ID : SB23.4843
City BELLEVUE	State WA	
Zip Code 98005	Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: LODGING	Amount of Each Disbursement this Period 129.25
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. EXXON MOBIL		Date of Disbursement MM / DD / YYYY 06 / 21 / 2015
Mailing Address 5959 LAS COLINAS BLVD		Transaction ID : SB23.4849
City IRVING	State TX	
Zip Code 75039	Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: FUEL	Amount of Each Disbursement this Period 25.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. EXXON MOBIL		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 5959 LAS COLINAS BLVD		Transaction ID : SB23.4850
City IRVING	State TX	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: FUEL		Amount of Each Disbursement this Period 19.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. EXXON MOBIL		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 5959 LAS COLINAS BLVD		Transaction ID : SB23.4851
City IRVING	State TX	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: FUEL		Amount of Each Disbursement this Period 44.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. EXXON MOBIL		Date of Disbursement MM / DD / YYYY 06 / 28 / 2015
Mailing Address 5959 LAS COLINAS BLVD		Transaction ID : SB23.4852
City IRVING	State TX	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: FUEL		Amount of Each Disbursement this Period 44.39
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JOE FADNESS		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6936
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 208.00	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JOSEPH FADNESS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6448
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4449.10	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. JOSEPH FADNESS		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6449
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4922.06	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 208.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JOSEPH FADNESS		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6450
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4677.02
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JOSEPH FADNESS		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6451
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2161.39
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. KATE FAHERTY		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6453
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 529.57
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FAIRFIELD INN		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4856
City BETHESDA	State MD	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 158.77
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. FAIRFIELD INN		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4857
City BETHESDA	State MD	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 158.77
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. FAIRFIELD INN		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4854
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 123.74
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FAIRFIELD INN		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.4855
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 621.65
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JOSHUA V FALZONE		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6455
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2751.97
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JOSHUA V FALZONE		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6456
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3036.77
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JOSHUA V FALZONE		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6457
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3719.39	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. JOSHUA V FALZONE		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6458
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3268.49	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. JOSHUA V FALZONE		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6459
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3243.41	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JOSHUA V FALZONE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6460
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1499.87
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) B. FASTLY INC.		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address PO BOX 78266		Transaction ID : SB23.4859
City SAN FRANCISCO	State CA	
Purpose of Disbursement SOFTWARE		Amount of Each Disbursement this Period 5000.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Category/ Type

Full Name (Last, First, Middle Initial) C. FASTLY INC.		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address PO BOX 78266		Transaction ID : SB23.4860
City SAN FRANCISCO	State CA	
Purpose of Disbursement SOFTWARE		Amount of Each Disbursement this Period 5000.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Category/ Type

Subtotal Of Receipts This Page (optional)..... 10000.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
HIGGINS 08/07 REIMBURSEMENT: PRINTING AND DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	5

Transaction ID : SB23.4890

Amount of Each Disbursement this Period

3	2	.	9	0
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
HIGGINS 08/07 REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

Transaction ID : SB23.4888

Amount of Each Disbursement this Period

3	.	6	8
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
WOOD 08/07 REIMBURSEMENT: POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

Transaction ID : SB23.4895

Amount of Each Disbursement this Period

5	3	.	5	9
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....

0	0	0
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Total This Period (last page this line number only).....

0	0	0
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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4865
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 25.75	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: POSTAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 12 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4893
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 21.47	
Purpose of Disbursement REIMBURSEMENT: POSTAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4894
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 64.37	
Purpose of Disbursement WETZEL 08/07 REIMBURSEMENT: PRINTING AND DESIGN SERVICES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4863
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 5.34	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: PRINTING AND DESIGN SERVICES	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4866
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 9.75	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: POSTAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4867
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 9.75	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: POSTAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4862
City MEMPHIS	State TN	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 6.40
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4868
City MEMPHIS	State TN	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: POSTAGE		Amount of Each Disbursement this Period 34.50
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4869
City MEMPHIS	State TN	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: POSTAGE		Amount of Each Disbursement this Period 79.76
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4870
City MEMPHIS	State TN	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: POSTAGE		Amount of Each Disbursement this Period 21.50
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4871
City MEMPHIS	State TN	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: POSTAGE		Amount of Each Disbursement this Period 30.93
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4889
City MEMPHIS	State TN	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 33.49
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4891
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 34.89	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: PRINTING AND DESIGN SERVICES	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4892
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 39.83	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: PRINTING AND DESIGN SERVICES	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4886
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 27.77	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: POSTAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	1	5

Transaction ID : SB23.4872

Amount of Each Disbursement this Period

3	8	.	0	5
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
CRUZ 09/24 REIMBURSEMENT: PRINTING AND DESIGN SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Transaction ID : SB23.4864

Amount of Each Disbursement this Period

3	.	1	6
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	1	5

Transaction ID : SB23.4873

Amount of Each Disbursement this Period

1	0	.	0	1
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4874
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 240.59	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: POSTAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4875
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 26.91	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: POSTAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4876
City MEMPHIS State TN Zip Code 38120	Amount of Each Disbursement this Period 44.03	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: POSTAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	1	5

Transaction ID : SB23.4877

Amount of Each Disbursement this Period

5.26

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	5

Transaction ID : SB23.4878

Amount of Each Disbursement this Period

84.61

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
GALLATIN 09/09 REIMBURSEMENT: POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Transaction ID : SB23.4887

Amount of Each Disbursement this Period

21.17

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FEDEX		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4879
City MEMPHIS	State TN	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: POSTAGE		Amount of Each Disbursement this Period 65.59
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. FEDEX		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4880
City MEMPHIS	State TN	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: POSTAGE		Amount of Each Disbursement this Period 36.75
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. FEDEX		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 942 SOUTH SHADY GROVE RD		Transaction ID : SB23.4881
City MEMPHIS	State TN	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: POSTAGE		Amount of Each Disbursement this Period 27.35
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Transaction ID : SB23.4882

Amount of Each Disbursement this Period

2	7	.	3	5
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[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	5

Transaction ID : SB23.4883

Amount of Each Disbursement this Period

9	7	.	5
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FEDEX

Mailing Address 942 SOUTH SHADY GROVE RD

City State Zip Code
MEMPHIS TN 38120

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	5

Transaction ID : SB23.4884

Amount of Each Disbursement this Period

4	7	.	3	3
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. FEDEX

Mailing Address **942 SOUTH SHADY GROVE RD**

City **MEMPHIS** State **TN** Zip Code **38120**

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: POSTAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 24 / 2015

Transaction ID : **SB23.4885**

Amount of Each Disbursement this Period
137.86

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. LAUREN FINE

Mailing Address **1802 PANKRATZ STREET**

City **MADISON** State **WI** Zip Code **53704**

Purpose of Disbursement
INSPERITY 06/30 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 30 / 2015

Transaction ID : **SB23.6462**

Amount of Each Disbursement this Period
1096.34

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. LAUREN FINE

Mailing Address **1802 PANKRATZ STREET**

City **MADISON** State **WI** Zip Code **53704**

Purpose of Disbursement
INSPERITY 07/15 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 15 / 2015

Transaction ID : **SB23.6463**

Amount of Each Disbursement this Period
2883.72

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **0.00**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. LAUREN FINE		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6464
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2893.38	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. LAUREN FINE		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6465
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2883.72	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. LAUREN FINE		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6466
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2893.38	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2140 / 2684

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. LAUREN FINE

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2015

Transaction ID : SB23.6467

Amount of Each Disbursement this Period

2883.72

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. LAUREN FINE

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Transaction ID : SB23.6468

Amount of Each Disbursement this Period

1354.93

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. FIRST INSURANCE

Mailing Address PO BOX 7000

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
INSURANCE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		19		2015

Transaction ID : SB23.4897

Amount of Each Disbursement this Period

2485.26

Subtotal Of Receipts This Page (optional).....

2485.26

Total This Period (last page this line number only).....

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FIRST INSURANCE		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address PO BOX 7000		Transaction ID : SB23.4898
City CAROL STREAM	State IL	
Purpose of Disbursement INSURANCE		Amount of Each Disbursement this Period 2609.52
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. FLS CONNECT LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 7300 HUDSON BLVD #270		Transaction ID : SB23.4900
City SAINT PAUL	State MN	
Purpose of Disbursement TELEMARKETING AND DATA		Amount of Each Disbursement this Period 88593.86
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. FLS CONNECT LLC		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 7300 HUDSON BLVD #270		Transaction ID : SB23.4901
City SAINT PAUL	State MN	
Purpose of Disbursement TELEMARKETING AND DATA		Amount of Each Disbursement this Period 50000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 141203.38

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATTHEW MICHAEL FLUNKER		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6470
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1851.58
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MATTHEW MICHAEL FLUNKER		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6471
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 955.22
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. FORMSTACK, LLC		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 8604 ALLISONVILLE ROAD, SUITE 300		Transaction ID : SB23.4903
City INDIANAPOLIS	State IN	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES		Amount of Each Disbursement this Period 249.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FORMSTACK, LLC		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 8604 ALLISONVILLE ROAD, SUITE 300		Transaction ID : SB23.4904
City INDIANAPOLIS State IN Zip Code 46250	Amount of Each Disbursement this Period 249.00	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. FORMSTACK, LLC		Date of Disbursement MM / DD / YYYY 09 / 06 / 2015
Mailing Address 8604 ALLISONVILLE ROAD, SUITE 300		Transaction ID : SB23.4905
City INDIANAPOLIS State IN Zip Code 46250	Amount of Each Disbursement this Period 249.00	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. FRIENDS OF SCOTT WALKER		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address PO BOX 620437		Transaction ID : SB23.4909
City MIDDLETON State WI Zip Code 53562	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement DATA PURCHASE	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 10000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF SCOTT WALKER

Mailing Address **PO BOX 620437**

City **MIDDLETON** State **WI** Zip Code **53562**

Purpose of Disbursement
OFFICE EQUIPMENT PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 13 / 2015

Transaction ID : SB23.4911

Amount of Each Disbursement this Period
15926.55

Full Name (Last, First, Middle Initial)
B. FRIENDS OF SCOTT WALKER

Mailing Address **PO BOX 620437**

City **MIDDLETON** State **WI** Zip Code **53562**

Purpose of Disbursement
RESEARCH FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 13 / 2015

Transaction ID : SB23.4913

Amount of Each Disbursement this Period
35000.00

Full Name (Last, First, Middle Initial)
C. FRIENDS OF SCOTT WALKER

Mailing Address **PO BOX 620437**

City **MIDDLETON** State **WI** Zip Code **53562**

Purpose of Disbursement
WEB DEVELOPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 13 / 2015

Transaction ID : SB23.4914

Amount of Each Disbursement this Period
6250.00

Subtotal Of Receipts This Page (optional)..... **57176.55**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. FRIENDS OF SCOTT WALKER

Mailing Address PO BOX 620437

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement OFFICE EQUIPMENT PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2015

Transaction ID : SB23.4912

Amount of Each Disbursement this Period: 26250.00

Category/Type

Full Name (Last, First, Middle Initial)
B. FRIENDS OF SCOTT WALKER

Mailing Address PO BOX 620437

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement DATA PURCHASE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 25 / 2015

Transaction ID : SB23.4910

Amount of Each Disbursement this Period: 20000.00

Category/Type

Full Name (Last, First, Middle Initial)
C. FRIENDS OF SCOTT WALKER

Mailing Address PO BOX 620437

City MIDDLETON State WI Zip Code 53562

Purpose of Disbursement WEB DEVELOPMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 25 / 2015

Transaction ID : SB23.4915

Amount of Each Disbursement this Period: 6250.00

Category/Type

Subtotal Of Receipts This Page (optional)..... 52500.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. GADELLNET CONSULTING SERVICES LLC

Mailing Address 1520 S VANDERVENTER AVENUE

City ST LOUIS State MO Zip Code 63110

Purpose of Disbursement
TECHNICAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	1	5

Transaction ID : SB23.4917

Amount of Each Disbursement this Period

3	2	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. GADELLNET CONSULTING SERVICES LLC

Mailing Address 1520 S VANDERVENTER AVENUE

City ST LOUIS State MO Zip Code 63110

Purpose of Disbursement
TECHNICAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Transaction ID : SB23.4918

Amount of Each Disbursement this Period

1	0	2	0	7	.	1	6
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. GADELLNET CONSULTING SERVICES LLC

Mailing Address 1520 S VANDERVENTER AVENUE

City ST LOUIS State MO Zip Code 63110

Purpose of Disbursement
TECHNICAL SERVICES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	5

Transaction ID : SB23.4919

Amount of Each Disbursement this Period

7	9	8	5	.	9	4
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Subtotal Of Receipts This Page (optional)..... 21393.10

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. GADELLNET CONSULTING SERVICES LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1520 S VANDERVENTER AVENUE		Transaction ID : SB23.4920
City ST LOUIS	State MO	
Purpose of Disbursement TECHNICAL SERVICES	Category/Type	Amount of Each Disbursement this Period 4600.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. MICHAEL JOHN GALLAGHER		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6473
City MADISON	State WI	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Category/Type	Amount of Each Disbursement this Period 4049.01
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. MICHAEL JOHN GALLAGHER		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6474
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Category/Type	Amount of Each Disbursement this Period 5580.87
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 4600.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. MICHAEL JOHN GALLAGHER

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 31 / 2015

Transaction ID : **SB23.6475**

Amount of Each Disbursement this Period
5590.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MICHAEL JOHN GALLAGHER

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 13 / 2015

Transaction ID : **SB23.6476**

Amount of Each Disbursement this Period
5778.12

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MICHAEL JOHN GALLAGHER

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 28 / 2015

Transaction ID : **SB23.6477**

Amount of Each Disbursement this Period
6353.23

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. MICHAEL JOHN GALLAGHER

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 14 / 2015

Transaction ID : SB23.6478

Amount of Each Disbursement this Period
5778.12

[MEMO ITEM]

B. MICHAEL JOHN GALLAGHER

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 30 / 2015

Transaction ID : SB23.6479

Amount of Each Disbursement this Period
2691.78

[MEMO ITEM]

C. MIKE GALLAGHER

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 19 / 2015

Transaction ID : SB23.6939

Amount of Each Disbursement this Period
202.45

Subtotal Of Receipts This Page (optional)..... 202.45

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KIRT GALLATIN		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6941
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 12033.64
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. KIRT GALLATIN		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6942
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 1943.05
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. GENERAL MITCHELL PARKING		Date of Disbursement MM / DD / YYYY 06 / 22 / 2015
Mailing Address 5300 S HOWELL AVE		Transaction ID : SB23.4929
City MILWAUKEE	State WI	
Purpose of Disbursement WILEY 07/22 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 51.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... → 13976.69

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. GENERAL MITCHELL PARKING		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 5300 S HOWELL AVE		Transaction ID : SB23.4930
City MILWAUKEE State WI Zip Code 53207	Amount of Each Disbursement this Period 14.00	
Purpose of Disbursement WOOD 08/07 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GENERAL MITCHELL PARKING		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 5300 S HOWELL AVE		Transaction ID : SB23.4926
City MILWAUKEE State WI Zip Code 53207	Amount of Each Disbursement this Period 39.00	
Purpose of Disbursement OCZKOWSKI 08/07 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. GENERAL MITCHELL PARKING		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 5300 S HOWELL AVE		Transaction ID : SB23.4927
City MILWAUKEE State WI Zip Code 53207	Amount of Each Disbursement this Period 26.00	
Purpose of Disbursement PURCELL 08/07 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. GENERAL MITCHELL PARKING		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 5300 S HOWELL AVE		Transaction ID : SB23.4922
City MILWAUKEE	State WI	
Purpose of Disbursement STRONG 9/9 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 56.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. GENERAL MITCHELL PARKING		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 5300 S HOWELL AVE		Transaction ID : SB23.4928
City MILWAUKEE	State WI	
Purpose of Disbursement PURCELL 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 26.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. GENERAL MITCHELL PARKING		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 5300 S HOWELL AVE		Transaction ID : SB23.4923
City MILWAUKEE	State WI	
Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 60.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. GENERAL MITCHELL PARKING		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 5300 S HOWELL AVE		Transaction ID : SB23.4924
City MILWAUKEE	State WI	
Purpose of Disbursement CORNELL 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 26.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. GENERAL MITCHELL PARKING		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 5300 S HOWELL AVE		Transaction ID : SB23.4925
City MILWAUKEE	State WI	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 35.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DAVID GLAUSER		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 2628 HILLSIDE PINES CIRCLE		Transaction ID : SB23.6481
City SALT LAKE CITY	State UT	
Purpose of Disbursement GLAUSER 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 7.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. DAVID GLAUSER

Mailing Address 2628 HILLSIDE PINES CIRCLE

City SALT LAKE CITY State UT Zip Code 84109

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Disbursement For: 2016
 Senate Primary General
 President Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
08 / 07 / 2015

Transaction ID : **SB23.6943**

Amount of Each Disbursement this Period
936.20

Category/Type

Full Name (Last, First, Middle Initial)
B. DAVID GLAUSER

Mailing Address 2628 HILLSIDE PINES CIRCLE

City SALT LAKE CITY State UT Zip Code 84109

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Disbursement For: 2016
 Senate Primary General
 President Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
08 / 19 / 2015

Transaction ID : **SB23.6944**

Amount of Each Disbursement this Period
227.68

Category/Type

Full Name (Last, First, Middle Initial)
C. GOOGLE INC.

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES

Candidate Name

Office Sought: House Disbursement For: 2016
 Senate Primary General
 President Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
08 / 01 / 2015

Transaction ID : **SB23.4932**

Amount of Each Disbursement this Period
681.38

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 936.20

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. GOOGLE INC.		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Transaction ID : SB23.4934
City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 8990.77	
Purpose of Disbursement ONLINE ADVERTISING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GOOGLE INC.		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Transaction ID : SB23.4933
City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 730.27	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. GOOGLE INC.		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1600 AMPHITHEATRE PARKWAY		Transaction ID : SB23.4935
City MOUNTAIN VIEW State CA Zip Code 94043	Amount of Each Disbursement this Period 8990.77	
Purpose of Disbursement ONLINE ADVERTISING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 17981.54

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. LAURA GRALTON

Full Name (Last, First, Middle Initial)
Mailing Address
City: NASHOTAH State: WI Zip Code: 53058
Purpose of Disbursement: FUNDRAISING CONSULTING
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement: 07 / 22 / 2015
Transaction ID : SB23.6946
Amount of Each Disbursement this Period: 2336.33

B. LAURA GRALTON

Full Name (Last, First, Middle Initial)
Mailing Address
City: NASHOTAH State: WI Zip Code: 53058
Purpose of Disbursement: FUNDRAISING CONSULTING
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement: 08 / 19 / 2015
Transaction ID : SB23.6947
Amount of Each Disbursement this Period: 26801.72

C. GRAND HYATT

Full Name (Last, First, Middle Initial)
Mailing Address: 71 S WACKER DRIVE 12TH FLOOR
City: CHICAGO State: IL Zip Code: 60606
Purpose of Disbursement: DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING
Candidate Name
Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: District:

Date of Disbursement: 07 / 23 / 2015
Transaction ID : SB23.4937
Amount of Each Disbursement this Period: 1190.01
[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 29138.05

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. GRAND HYATT		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 71 S WACKER DRIVE 12TH FLOOR		Transaction ID : SB23.4938
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 530.02
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. GRAND HYATT		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 71 S WACKER DRIVE 12TH FLOOR		Transaction ID : SB23.4939
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 621.47
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. GRAND HYATT		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 71 S WACKER DRIVE 12TH FLOOR		Transaction ID : SB23.4940
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 530.02
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. GRAND HYATT		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 71 S WACKER DRIVE 12TH FLOOR		Transaction ID : SB23.4941
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 15.20
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. GREEN BAY PACKERS		Date of Disbursement MM / DD / YYYY 09 / 18 / 2015
Mailing Address 1265 LOMBARDI AVENUE		Transaction ID : SB23.4943
City GREEN BAY	State WI	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		Amount of Each Disbursement this Period 19300.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. WELLS GRIFFITH		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6949
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 1717.21
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 21017.21

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PRESTON WELLS GRIFFITH III		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6483
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6414.32	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. PRESTON WELLS GRIFFITH III		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6484
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7045.18	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. PRESTON WELLS GRIFFITH III		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6485
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7465.39	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PRESTON WELLS GRIFFITH III		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6486
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6867.82	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. PRESTON WELLS GRIFFITH III		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6487
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6843.20	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. PRESTON WELLS GRIFFITH III		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6488
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3161.06	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. NATHAN GROTH		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6490
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 771.53	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. NATHAN GROTH		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6950
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 361.55	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. NATHAN GROTH		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6491
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 210.97	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... → 361.55

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. GROUND GAME STRATEGIES		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 300 HICKORY LANE		Transaction ID : SB23.4945
City MAULDIN State SC Zip Code 29662	Amount of Each Disbursement this Period 12000.00	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. GROUND GAME STRATEGIES		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 300 HICKORY LANE		Transaction ID : SB23.4946
City MAULDIN State SC Zip Code 29662	Amount of Each Disbursement this Period 12000.00	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ASHLEY D HAHN		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6493
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2425.61	
Purpose of Disbursement INSPIRITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 24000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASHLEY D HAHN		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6494
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2685.45	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ASHLEY D HAHN		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6495
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2661.72	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ASHLEY D HAHN		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6496
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2680.56	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASHLEY D HAHN		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6953
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1148.57	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ASHLEY D HAHN		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6497
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2649.72	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. ASHLEY D HAHN		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6954
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1368.41	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2516.98

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASHLEY D HAHN		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6498
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1225.72
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MATTHEW ADDRESS HALL		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6500
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8769.41
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MATTHEW ADDRESS HALL		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6501
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8688.29
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATTHEW ADDRESS HALL		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6502
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8237.28
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MATTHEW ADDRESS HALL		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6503
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3803.43
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4948
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 234.08
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4949
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 234.08
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4978
City MCLEAN	State VA	
Purpose of Disbursement STEPHENSON 08/07 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 161.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4950
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 58.11
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4951
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4952
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4953
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4954
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4955
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4956
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4957
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4958
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4959
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4960
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4961
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4962
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 157.80
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4963
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 116.22
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4964
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 116.22
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4965
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 311.36
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4966
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 148.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4967
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 148.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4968
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 274.86
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4969
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 274.86
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4970
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 274.86
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4971
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 274.86
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4972
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 274.86
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4973
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 274.86
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4974
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 274.86
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HAMPTON INN		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4975
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING	Amount of Each Disbursement this Period 274.86
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4976
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Amount of Each Disbursement this Period 148.67
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HAMPTON INN		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 7930 JONES BRANCH DR		Transaction ID : SB23.4977
City MCLEAN	State VA	
Zip Code 22102	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Amount of Each Disbursement this Period 160.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALEC J HANNA		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6505
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1338.90	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ALEC J HANNA		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6506
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1835.85	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ALEC J HANNA		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6507
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1826.19	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALEC J HANNA		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6508
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1835.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. ALEC J HANNA		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6509
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1826.19
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ALEC J HANNA		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6957
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 1210.58
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1210.58

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALEC J HANNA		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6510
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 841.04
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. HAPPY JOES		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 855 CENTURY DRIVE		Transaction ID : SB23.4980
City DUBUQUE	State IA	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: MEETING EXPENSE: MEALS		Amount of Each Disbursement this Period 650.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HARBINGER LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1919 M STREET NW #200		Transaction ID : SB23.4983
City WASHINGTON	State DC	
Purpose of Disbursement EVENT PRODUCTION CONSULTING		Amount of Each Disbursement this Period 15000.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 15000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HARBINGER LLC		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 1919 M STREET NW #200		Transaction ID : SB23.4984
City WASHINGTON	State DC	
Purpose of Disbursement EVENT PRODUCTION CONSULTING		Amount of Each Disbursement this Period 53150.58
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. HARBINGER LLC		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 1919 M STREET NW #200		Transaction ID : SB23.4985
City WASHINGTON	State DC	
Purpose of Disbursement EVENT PRODUCTION CONSULTING		Amount of Each Disbursement this Period 21175.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. HARBINGER LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1919 M STREET NW #200		Transaction ID : SB23.4986
City WASHINGTON	State DC	
Purpose of Disbursement EVENT PRODUCTION CONSULTING		Amount of Each Disbursement this Period 37500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 111825.58

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. HARBINGER LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1919 M STREET NW #200

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 30 / 2015

Transaction ID : SB23.4982

Amount of Each Disbursement this Period: 16600.00

Category/Type

B. HASSEL WEEMS PHOTOGRAPHY

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 141

City LOCUST GROVE State GA Zip Code 30248

Purpose of Disbursement PHOTOGRAPHY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 07 / 2015

Transaction ID : SB23.4988

Amount of Each Disbursement this Period: 365.56

Category/Type

C. TIM HERSHNER

Full Name (Last, First, Middle Initial)

Mailing Address 1330 S FAIR STREET #418

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement HERSHNER 08/07 REIMBURSEMENT: TRAVEL: PER DIEM

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 15 / 2015

Transaction ID : SB23.6512

Amount of Each Disbursement this Period: 20.00

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 16965.56

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. TIM HERSHNER		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1330 S FAIR STREET #418		Transaction ID : SB23.6513
City ARLINGTON	State VA Zip Code 22202	
Purpose of Disbursement HERSHNER 08/07 REIMBURSEMENT: TRAVEL: PER DIEM		Amount of Each Disbursement this Period 4.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ALY HIGGINS		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6515
City MADISON	State WI Zip Code 53704	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: MILEAGE		Amount of Each Disbursement this Period 162.03
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ALY HIGGINS		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6959
City MADISON	State WI Zip Code 53704	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 1951.37
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 1951.37

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALY HIGGINS		Date of Disbursement MM / DD / YYYY 08 / 08 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6516
City MADISON	State WI	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: MILEAGE		Amount of Each Disbursement this Period 46.86
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. ALY HIGGINS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6960
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 659.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ALY HIGGINS		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6961
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 1184.16
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1843.36

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. ALY HIGGINS

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 09 / 24 / 2015

Transaction ID : SB23.6962

Amount of Each Disbursement this Period: 1282.27

Category/Type

B. ALYSON J HIGGINS

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 06 / 30 / 2015

Transaction ID : SB23.6518

Amount of Each Disbursement this Period: 3359.85

Category/Type

[MEMO ITEM]

C. ALYSON J HIGGINS

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 15 / 2015

Transaction ID : SB23.6519

Amount of Each Disbursement this Period: 3692.95

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 1282.27

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALYSON J HIGGINS		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6520
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3702.61	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ALYSON J HIGGINS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6521
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3692.95	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ALYSON J HIGGINS		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6522
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3702.61	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALYSON J HIGGINS		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6523
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3692.95	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ALYSON J HIGGINS		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6524
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1728.26	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ASHLEY ELIZABETH HIGHLANDER		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6526
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1400.72	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASHLEY ELIZABETH HIGHLANDER		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6527
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1534.98	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. ASHLEY ELIZABETH HIGHLANDER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6528
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1544.64	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. ASHLEY ELIZABETH HIGHLANDER		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6529
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1534.98	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. ASHLEY ELIZABETH HIGHLANDER

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 28 / 2015

Transaction ID : **SB23.6530**

Amount of Each Disbursement this Period
1544.64

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ASHLEY ELIZABETH HIGHLANDER

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **SB23.6531**

Amount of Each Disbursement this Period
1534.98

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. ASHLEY ELIZABETH HIGHLANDER

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SB23.6532**

Amount of Each Disbursement this Period
732.13

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. HIGH OUTPUT INC.

Mailing Address **495 TURNPIKE STREET**

City **CANTON** State **MA** Zip Code **02021**

Purpose of Disbursement
EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 22 / 2015

Transaction ID : SB23.4990

Amount of Each Disbursement this Period
2700.00

Category/Type

Full Name (Last, First, Middle Initial)
B. HILTON

Mailing Address **7930 JONES BRANCH DRIVE SUITE 1100**

City **MCLEAN** State **VA** Zip Code **22102**

Purpose of Disbursement
AMEX 08/19 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
06 / 30 / 2015

Transaction ID : SB23.4992

Amount of Each Disbursement this Period
321.78

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. HILTON

Mailing Address **7930 JONES BRANCH DRIVE SUITE 1100**

City **MCLEAN** State **VA** Zip Code **22102**

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 09 / 2015

Transaction ID : SB23.4994

Amount of Each Disbursement this Period
97.57

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **2700.00**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.4995
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: LODGING		Amount of Each Disbursement this Period 585.45
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. HILTON		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.4996
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 172.48
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.4997
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 3853.46
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5023
City MCLEAN	State VA	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 39.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. HILTON		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.4998
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 534.24
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.4999
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5000
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 155.68
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. HILTON		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5003
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 206.01
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 07 / 26 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5004
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 233.58
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. HILTON

Full Name (Last, First, Middle Initial) _____

Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: _____ District: _____

Date of Disbursement: M M / D D / Y Y Y Y
07 / 27 / 2015

Transaction ID : **SB23.5005**

Amount of Each Disbursement this Period: _____ 73.83

[MEMO ITEM]

B. HILTON

Full Name (Last, First, Middle Initial) _____

Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: _____ District: _____

Date of Disbursement: M M / D D / Y Y Y Y
07 / 27 / 2015

Transaction ID : **SB23.5006**

Amount of Each Disbursement this Period: _____ 243.28

[MEMO ITEM]

C. HILTON

Full Name (Last, First, Middle Initial) _____

Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: _____ District: _____

Date of Disbursement: M M / D D / Y Y Y Y
07 / 27 / 2015

Transaction ID : **SB23.5007**

Amount of Each Disbursement this Period: _____ 243.28

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → _____ 0.00

Total This Period (last page this line number only)..... → _____

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5008
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 231.64
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. HILTON		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5009
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 231.64
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5002
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 468.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5001
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 350.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. HILTON		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5010
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 88.89
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5011
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 6945.96
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5012
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 632.09
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. HILTON		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5013
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 300.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5014
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 250.25
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5018
City MCLEAN	State VA	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 124.64
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. HILTON		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5019
City MCLEAN	State VA	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 18.35
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5015
City MCLEAN	State VA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 7560.36
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HILTON		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5020
City MCLEAN	State VA	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 19.03
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. HILTON		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5021
City MCLEAN	State VA	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 15.03
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HILTON		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100		Transaction ID : SB23.5016
City MCLEAN	State VA	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 120.99
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2199 / 2684

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. HILTON

Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
HANNA 09/24 REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2015

Transaction ID : SB23.5017

Amount of Each Disbursement this Period: 120.99

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. HILTON

Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
CONNELLY 09/24 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2015

Transaction ID : SB23.4993

Amount of Each Disbursement this Period: 2.14

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. HILTON

Mailing Address 7930 JONES BRANCH DRIVE SUITE 1100

City MCLEAN State VA Zip Code 22102

Purpose of Disbursement
HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 12 / 2015

Transaction ID : SB23.5022

Amount of Each Disbursement this Period: 11.65

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5025
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 386.28	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5026
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 139.32	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5027
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 146.72	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. HOLIDAY INN

Full Name (Last, First, Middle Initial)
Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 16 / 2015

Transaction ID : SB23.5028

Amount of Each Disbursement this Period
139.32

[MEMO ITEM]

B. HOLIDAY INN

Full Name (Last, First, Middle Initial)
Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 16 / 2015

Transaction ID : SB23.5029

Amount of Each Disbursement this Period
139.32

[MEMO ITEM]

C. HOLIDAY INN

Full Name (Last, First, Middle Initial)
Mailing Address 3 RAVINIA DR STE 100

City ATLANTA State GA Zip Code 30346

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 18 / 2015

Transaction ID : SB23.5030

Amount of Each Disbursement this Period
257.58

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5031
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 128.79	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5032
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 128.79	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5033
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 128.79	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5034
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 128.79	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5035
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 128.79	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5036
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 128.79	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5037
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 128.79	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5038
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 128.79	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5039
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 128.79	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5040
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 128.79	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5042
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 124.81	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: LODGING	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HOLIDAY INN		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 3 RAVINIA DR STE 100		Transaction ID : SB23.5041
City ATLANTA State GA Zip Code 30346	Amount of Each Disbursement this Period 145.59	
Purpose of Disbursement KAYE 09/24 REIMBURSEMENT: TRAVEL: LODGING	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HYATT PLACE		Date of Disbursement MM / DD / YYYY 06 / 27 / 2015
Mailing Address 71 SOUTH WACKER DR 12TH FLOOR		Transaction ID : SB23.5063
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 35.10	
Purpose of Disbursement EVENSON 07/22 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. HYATT PLACE		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 71 SOUTH WACKER DR 12TH FLOOR		Transaction ID : SB23.5058
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 167.18	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: LODGING	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. HYATT PLACE		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 71 SOUTH WACKER DR 12TH FLOOR		Transaction ID : SB23.5059
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 167.18	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: LODGING	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HYATT PLACE		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 71 SOUTH WACKER DR 12TH FLOOR		Transaction ID : SB23.5060
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: LODGING		Amount of Each Disbursement this Period 167.18
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. HYATT PLACE		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 71 SOUTH WACKER DR 12TH FLOOR		Transaction ID : SB23.5061
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: LODGING		Amount of Each Disbursement this Period 167.18
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. HYATT PLACE		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 71 SOUTH WACKER DR 12TH FLOOR		Transaction ID : SB23.5062
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: LODGING		Amount of Each Disbursement this Period 334.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. HYATT REGENCY

Mailing Address 650 15TH ST

City DENVER State CO Zip Code 80202

Purpose of Disbursement
HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 27 / 2015

Transaction ID : **SB23.5065**

Amount of Each Disbursement this Period
6.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. HY VEE

Mailing Address 5820 WESTOWN PKWY W

City DES MOINES State IA Zip Code 50266

Purpose of Disbursement
HAHN 9/9 REIMBURSEMENT: MEETING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 17 / 2014

Transaction ID : **SB23.5056**

Amount of Each Disbursement this Period
228.83

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. HY VEE

Mailing Address 5820 WESTOWN PKWY W

City DES MOINES State IA Zip Code 50266

Purpose of Disbursement
GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 17 / 2015

Transaction ID : **SB23.5045**

Amount of Each Disbursement this Period
32.84

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HY VEE		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 5820 WESTOWN PKWY W		Transaction ID : SB23.5046
City DES MOINES	State IA	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 92.38
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. HY VEE		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 5820 WESTOWN PKWY W		Transaction ID : SB23.5047
City DES MOINES	State IA	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 3.38
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. HY VEE		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 5820 WESTOWN PKWY W		Transaction ID : SB23.5050
City DES MOINES	State IA	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: EVENT STAGING EXPENSE		Amount of Each Disbursement this Period 43.13
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HY VEE		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 5820 WESTOWN PKWY W		Transaction ID : SB23.5051
City DES MOINES	State IA	
Zip Code 50266	Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 64.76
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HY VEE		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 5820 WESTOWN PKWY W		Transaction ID : SB23.5048
City DES MOINES	State IA	
Zip Code 50266	Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 76.75
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HY VEE		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 5820 WESTOWN PKWY W		Transaction ID : SB23.5044
City DES MOINES	State IA	
Zip Code 50266	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: OTHER	Amount of Each Disbursement this Period 98.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HY VEE		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 5820 WESTOWN PKWY W		Transaction ID : SB23.5049
City DES MOINES	State IA	
Zip Code 50266	Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 50.42
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HY VEE		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 5820 WESTOWN PKWY W		Transaction ID : SB23.5052
City DES MOINES	State IA	
Zip Code 50266	Purpose of Disbursement NEITZEL 09/24 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 35.21
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HY VEE		Date of Disbursement MM / DD / YYYY 09 / 19 / 2015
Mailing Address 5820 WESTOWN PKWY W		Transaction ID : SB23.5054
City DES MOINES	State IA	
Zip Code 50266	Purpose of Disbursement WETZEL 09/24 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 17.23
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HY VEE		Date of Disbursement MM / DD / YYYY 09 / 19 / 2015
Mailing Address 5820 WESTOWN PKWY W		Transaction ID : SB23.5055
City DES MOINES	State IA	
Purpose of Disbursement WETZEL 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 3.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. HY VEE		Date of Disbursement MM / DD / YYYY 09 / 20 / 2015
Mailing Address 5820 WESTOWN PKWY W		Transaction ID : SB23.5053
City DES MOINES	State IA	
Purpose of Disbursement WETZEL 09/24 REIMBURSEMENT: TRAVEL: FUEL		Amount of Each Disbursement this Period 32.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. I360 LLC		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address PO BOX 37046		Transaction ID : SB23.5067
City BALTIMORE	State MD	
Purpose of Disbursement SOFTWARE SERVICES		Amount of Each Disbursement this Period 7500.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 7500.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. I360 LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address PO BOX 37046		Transaction ID : SB23.5068
City BALTIMORE	State MD	
Purpose of Disbursement SOFTWARE SERVICES	Category/ Type	Amount of Each Disbursement this Period 7500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. IMAGEACTIVE		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 4191 STANSBURY AVENUE		Transaction ID : SB23.5070
City SHERMAN OAKS	State CA	
Purpose of Disbursement PHOTOGRAPHY SERVICES	Category/ Type	Amount of Each Disbursement this Period 931.69
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.5072
City KINGWOOD	State TX	
Purpose of Disbursement INSPERITY 06/30 PAYROLL SERVICES/TAXES	Category/ Type	Amount of Each Disbursement this Period 2758.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 8431.69

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.5075
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 133435.59	
Purpose of Disbursement PAYROLL: SEE MEMO ENTRIES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.5076
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 279156.96	
Purpose of Disbursement PAYROLL: SEE MEMO ENTRIES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.5077
City KINGWOOD State TX Zip Code 77339	Amount of Each Disbursement this Period 308411.52	
Purpose of Disbursement PAYROLL: SEE MEMO ENTRIES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 721004.07

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.5073
City KINGWOOD	State TX	
Purpose of Disbursement INSPERITY 08/13 PAYROLL SERVICES/TAXES		Amount of Each Disbursement this Period 930.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.5078
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 340505.44
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.5079
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 340074.08
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 680579.52

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. INSPERITY		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.5074
City KINGWOOD	State TX	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL SERVICES/TAXES		Amount of Each Disbursement this Period 1777.09
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. INSPERITY		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.5080
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 343868.26
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. INSPERITY		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 19001 CRESCENT SPRINGS DR		Transaction ID : SB23.5081
City KINGWOOD	State TX	
Purpose of Disbursement PAYROLL: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 178619.16
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 522487.42

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 2700 COAST AVE		Transaction ID : SB23.5083
City MOUNTAIN VIEW	State CA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: SOFTWARE		Amount of Each Disbursement this Period 210.95
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. IRS		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address PO BOX 802501		Transaction ID : SB23.5085
City CINCINNATI	State OH	
Purpose of Disbursement RESEARCH FEE		Amount of Each Disbursement this Period 1400.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ISTREAM FINANCIAL SERVICES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 13555 BISHOPS COURT		Transaction ID : SB23.5088
City BROOKFIELD	State WI	
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 1446.05
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 2846.05

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ISTREAM FINANCIAL SERVICES		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 13555 BISHOPS COURT		Transaction ID : SB23.5089
City BROOKFIELD	State WI	
Purpose of Disbursement BANK FEES	Candidate Name	Amount of Each Disbursement this Period 3018.15
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. KRISTIN JACKSON		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6534
City MADISON	State WI	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	Amount of Each Disbursement this Period 4211.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. KRISTIN JACKSON		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6535
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	Amount of Each Disbursement this Period 5792.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	[MEMO ITEM]	

Subtotal Of Receipts This Page (optional)..... 3018.15

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KRISTIN JACKSON		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6536
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6449.63	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. KRISTIN JACKSON		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6537
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6023.63	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. KRISTIN JACKSON		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6538
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4266.09	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KRISTIN JACKSON		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6539
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4241.01	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. KRISTIN JACKSON		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6540
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1983.26	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. MICHAEL B JACOBS		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6542
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 745.43	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MICHAEL B JACOBS		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6543
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 776.85	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. MICHAEL B JACOBS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6544
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 771.53	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. MICHAEL B JACOBS		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6545
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 776.85	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MICHAEL B JACOBS		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6546
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1079.01
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MICHAEL B JACOBS		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6547
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 499.19
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JESSE SMITH		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 337 CROOK AVE		Transaction ID : SB23.5091
City HENDERSON	State TN	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: PER DIEM		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JESSE SMITH		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 337 CROOK AVE		Transaction ID : SB23.5092
City HENDERSON	State TN	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: PER DIEM		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JESSE SMITH		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 337 CROOK AVE		Transaction ID : SB23.5093
City HENDERSON	State TN	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: PER DIEM		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JESSE SMITH		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 337 CROOK AVE		Transaction ID : SB23.5094
City HENDERSON	State TN	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: PER DIEM		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JESSE SMITH		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 337 CROOK AVE		Transaction ID : SB23.5095
City HENDERSON	State TN	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: PER DIEM		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. JESSE SMITH		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 337 CROOK AVE		Transaction ID : SB23.5096
City HENDERSON	State TN	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: PER DIEM		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. JESSE SMITH		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 337 CROOK AVE		Transaction ID : SB23.5097
City HENDERSON	State TN	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: PER DIEM		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JESSE SMITH		Date of Disbursement MM / DD / YYYY 08 / 08 / 2015
Mailing Address 337 CROOK AVE		Transaction ID : SB23.5098
City HENDERSON	State TN	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: PER DIEM		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JESSE SMITH		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 337 CROOK AVE		Transaction ID : SB23.5099
City HENDERSON	State TN	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: PER DIEM		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JESSE SMITH		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 337 CROOK AVE		Transaction ID : SB23.5100
City HENDERSON	State TN	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: PER DIEM		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JETBLUE		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 118-29 QUEENS BLVD		Transaction ID : SB23.5104
City FOREST HILLS	State NY	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 138.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JETBLUE		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 118-29 QUEENS BLVD		Transaction ID : SB23.5102
City FOREST HILLS	State NY	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 98.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JETBLUE		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 118-29 QUEENS BLVD		Transaction ID : SB23.5103
City FOREST HILLS	State NY	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 166.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PATRICK JOHNSON		Date of Disbursement MM / DD / YYYY 07 / 12 / 2015
Mailing Address 1436 RIDGEFIELD DRIVE		Transaction ID : SB23.6549
City DES PERES	State MO	
Zip Code 63131	Purpose of Disbursement JOHNSON 08/07 REIMBURSEMENT: MILEAGE	Amount of Each Disbursement this Period 12.25
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JONES DAY		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address PO BOX 7805, BEN FRANKLIN STATION		Transaction ID : SB23.5106
City WASHINGTON	State DC	
Zip Code 20044	Purpose of Disbursement LEGAL CONSULTING	Amount of Each Disbursement this Period 49427.74
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JUST WIN STRATEGIES		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address PO BOX 2561		Transaction ID : SB23.5108
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement FIELD CONSULTING	Amount of Each Disbursement this Period 9148.44
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 58576.18

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2228 / 2684

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JUST WIN STRATEGIES		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address PO BOX 2561		Transaction ID : SB23.5109
City ALEXANDRIA	State VA	
Purpose of Disbursement FIELD CONSULTING	Zip Code 22301	Amount of Each Disbursement this Period 7500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JEFF KAYE		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6967
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Zip Code 53704	Amount of Each Disbursement this Period 913.81
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JEFF KAYE		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6968
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Zip Code 53704	Amount of Each Disbursement this Period 771.12
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 9184.93

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JEFFREY C KAYE		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6551
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4269.25	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. JEFFREY C KAYE		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6552
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4716.32	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. JEFFREY C KAYE		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6553
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4670.12	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JEFFREY C KAYE		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6554
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4650.35	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. JEFFREY C KAYE		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6555
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4415.50	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. JEFFREY C KAYE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6556
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2040.65	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. LAUREN E KIRSHNER		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6558
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3849.62	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. LAUREN E KIRSHNER		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6559
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4232.46	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. LAUREN E KIRSHNER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6560
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4242.12	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. LAUREN E KIRSHNER		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <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>3</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	3		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	3		2	0	1	5													
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6561																				
City MADISON State WI Zip Code 53704																						
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Category/ Type	Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>4456.86</td> </tr> </table>	4456.86																			
4456.86																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																					
State: District:																						

Full Name (Last, First, Middle Initial) B. LAUREN E KIRSHNER		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <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>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		2	8		2	0	1	5													
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6562																				
City MADISON State WI Zip Code 53704																						
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Category/ Type	Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>5154.68</td> </tr> </table>	5154.68																			
5154.68																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																					
State: District:																						

Full Name (Last, First, Middle Initial) C. LAUREN E KIRSHNER		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <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>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		1	4		2	0	1	5													
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6563																				
City MADISON State WI Zip Code 53704																						
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Category/ Type	Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>4456.86</td> </tr> </table>	4456.86																			
4456.86																						
Candidate Name																						
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																					
State: District:																						

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. LAUREN E KIRSHNER		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6564
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2082.01
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SCOTT KLUG		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4311 WINNEQUAH ROAD		Transaction ID : SB23.6970
City MONONA	State WI	
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period 500.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. KATHRYN MARY KOTOWSKI		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6566
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 933.32
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 500.10

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KATHRYN MARY KOTOWSKI		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6567
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 733.39	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. KIRSTEN A KUKOWSKI		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6569
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7383.59	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. KIRSTEN A KUKOWSKI		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6570
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8967.25	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. KIRSTEN A KUKOWSKI

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 31 / 2015

Transaction ID : SB23.6571

Amount of Each Disbursement this Period
8976.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. KIRSTEN A KUKOWSKI

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 13 / 2015

Transaction ID : SB23.6572

Amount of Each Disbursement this Period
9191.65

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. KIRSTEN A KUKOWSKI

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 28 / 2015

Transaction ID : SB23.6573

Amount of Each Disbursement this Period
9874.50

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KIRSTEN A KUKOWSKI		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6574
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 9191.65
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. KIRSTEN A KUKOWSKI		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6575
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4429.15
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. KUM & GO		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 6400 WESTOWN PKWY		Transaction ID : SB23.5114
City WEST DES MOINES	State IA	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: TRAVEL: FUEL		Amount of Each Disbursement this Period 46.37
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KUM & GO		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 6400 WESTOWN PKWY		Transaction ID : SB23.5117
City WEST DES MOINES	State IA	
Purpose of Disbursement STEPHENSON 08/07 REIMBURSEMENT: TRAVEL: FUEL		Amount of Each Disbursement this Period 125.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. KUM & GO		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 6400 WESTOWN PKWY		Transaction ID : SB23.5118
City WEST DES MOINES	State IA	
Purpose of Disbursement STEPHENSON 08/07 REIMBURSEMENT: TRAVEL: FUEL		Amount of Each Disbursement this Period 16.07
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. KUM & GO		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 6400 WESTOWN PKWY		Transaction ID : SB23.5111
City WEST DES MOINES	State IA	
Purpose of Disbursement MATEJOV 09/24 REIMBURSEMENT: TRAVEL: FUEL		Amount of Each Disbursement this Period 19.74
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KUM & GO		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 6400 WESTOWN PKWY		Transaction ID : SB23.5112
City WEST DES MOINES	State IA	
Purpose of Disbursement MATEJOV 09/24 REIMBURSEMENT: TRAVEL: FUEL		Amount of Each Disbursement this Period 12.21
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. KUM & GO		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 6400 WESTOWN PKWY		Transaction ID : SB23.5113
City WEST DES MOINES	State IA	
Purpose of Disbursement MATEJOV 09/24 REIMBURSEMENT: TRAVEL: FUEL		Amount of Each Disbursement this Period 14.55
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. KUM & GO		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 6400 WESTOWN PKWY		Transaction ID : SB23.5115
City WEST DES MOINES	State IA	
Purpose of Disbursement SMITH 09/24 REIMBURSEMENT: TRAVEL: FUEL		Amount of Each Disbursement this Period 24.30
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KUM & GO		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 6400 WESTOWN PKWY		Transaction ID : SB23.5116
City WEST DES MOINES	State IA	
Purpose of Disbursement SMITH 09/24 REIMBURSEMENT: TRAVEL: FUEL		Amount of Each Disbursement this Period 24.30
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. THEODORE JOHN KWONG		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6577
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4059.81
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. THEODORE JOHN KWONG		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6578
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4939.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. THEODORE JOHN KWONG		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6579
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4677.02
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. THEODORE JOHN KWONG		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6580
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4657.71
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. THEODORE JOHN KWONG		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6581
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4422.40
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. THEODORE JOHN KWONG

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SB23.6582**

Amount of Each Disbursement this Period
2043.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. AMY LEEDECKE

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/15 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 15 / 2015

Transaction ID : **SB23.6584**

Amount of Each Disbursement this Period
5063.54

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. AMY LEEDECKE

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 31 / 2015

Transaction ID : **SB23.6585**

Amount of Each Disbursement this Period
6860.86

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. AMY LEEDECKE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2015

Transaction ID : SB23.6586

Amount of Each Disbursement this Period: 7314.35

[MEMO ITEM]

B. AMY LEEDECKE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2015

Transaction ID : SB23.6587

Amount of Each Disbursement this Period: 6687.99

[MEMO ITEM]

C. AMY LEEDECKE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2015

Transaction ID : SB23.6588

Amount of Each Disbursement this Period: 6663.37

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. AMY LEEDECKE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6589
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3078.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. LENOVO GROUP		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 1009 THINK PLACE		Transaction ID : SB23.5120
City MORRISVILLE	State NC	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: COMPUTER PURCHASE		Amount of Each Disbursement this Period 737.45
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. LENOVO GROUP		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 1009 THINK PLACE		Transaction ID : SB23.5121
City MORRISVILLE	State NC	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: COMPUTER PURCHASE		Amount of Each Disbursement this Period 1263.89
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SHANE LESKO		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6591
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2672.48
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SHANE LESKO		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6592
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 866.67
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. LEXIS NEXIS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address PO BOX 2314		Transaction ID : SB23.5123
City CAROL STREAM	State IL	
Purpose of Disbursement RESEARCH FEE		Amount of Each Disbursement this Period 496.41
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 496.41

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. LG STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 69 BIRON STREET		Transaction ID : SB23.5125
City MANCHESTER	State NH	
Purpose of Disbursement FIELD CONSULTING	Candidate Name	Amount of Each Disbursement this Period 7500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. LILLY & COMPANY		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1005 CONGRESS AVE #910		Transaction ID : SB23.5127
City AUSTIN	State TX	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	Amount of Each Disbursement this Period 3790.59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. LILLY & COMPANY		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1005 CONGRESS AVE #910		Transaction ID : SB23.5128
City AUSTIN	State TX	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	Amount of Each Disbursement this Period 7500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional).....➡

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KATHRYN M LIND		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6594
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7615.99	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. KATHRYN M LIND		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6595
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8344.17	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. KATHRYN M LIND		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6596
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8368.78	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KATHRYN M LIND		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6597
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8344.17	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. KATHRYN M LIND		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6598
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8368.78	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. KATHRYN M LIND		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6599
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8344.17	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KATHRYN M LIND		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6600
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8344.16
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. KIM LINEHAN		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 1515 FOX RIDGE COURT		Transaction ID : SB23.7057
City DE PERE	State WI	
Purpose of Disbursement IN-KIND: CATERING SERVICES		Amount of Each Disbursement this Period 2700.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. LOCKTON AFFINITY LLC		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address PO BOX 879610		Transaction ID : SB23.5130
City KANSAS CITY	State MO	
Purpose of Disbursement INSURANCE		Amount of Each Disbursement this Period 13480.30
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 16180.30

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JUSTIN LOFRANCO		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6602
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3645.05	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. JUSTIN LOFRANCO		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6603
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4007.66	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. JUSTIN LOFRANCO		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6604
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4017.32	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2250 / 2684

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JUSTIN LOFRANCO		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6605
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4238.96	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. JUSTIN LOFRANCO		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6606
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4957.94	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. JUSTIN LOFRANCO		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6607
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4238.96	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional).....→ 0.00

Total This Period (last page this line number only).....→

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JUSTIN LOFRANCO		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6608
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1981.21
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. LOGGLY, INC		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1 POST ST, STE 400		Transaction ID : SB23.5132
City SAN FRANCISCO	State CA	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES		Amount of Each Disbursement this Period 109.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. LOGGLY, INC		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 1 POST ST, STE 400		Transaction ID : SB23.5133
City SAN FRANCISCO	State CA	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES		Amount of Each Disbursement this Period 109.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. LOTAME SOLUTIONS INC.		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 8850 STANFORD BLVD #2000		Transaction ID : SB23.5135
City COLUMBIA	State MD	
Purpose of Disbursement ONLINE ADVERTISING	Category/Type	Amount of Each Disbursement this Period 4597.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. LUCKY FOOLS PUB		Date of Disbursement MM / DD / YYYY 09 / 16 / 2015
Mailing Address 75 E HIGH STREET		Transaction ID : SB23.5137
City MOORPARK	State CA	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 266.48
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. MICHAEL A LUKACH		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6610
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 07/15 PAYROLL/TAXES & BENEFITS	Category/Type	Amount of Each Disbursement this Period 3640.80
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 4597.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MICHAEL A LUKACH		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6611
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4464.92	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MICHAEL A LUKACH		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6612
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4214.72	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MICHAEL A LUKACH		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6613
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4235.66	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. MICHAEL A LUKACH

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2015

Transaction ID : SB23.6971

Amount of Each Disbursement this Period: 1198.33

Category/Type

B. MICHAEL A LUKACH

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2015

Transaction ID : SB23.6614

Amount of Each Disbursement this Period: 4045.36

Category/Type

[MEMO ITEM]

C. MICHAEL A LUKACH

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2015

Transaction ID : SB23.6972

Amount of Each Disbursement this Period: 248.00

Category/Type

Subtotal Of Receipts This Page (optional)..... 1446.33

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MICHAEL A LUKACH		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6615
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1960.63	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. VICKI MACK		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address		Transaction ID : SB23.6974
City State Zip Code	Amount of Each Disbursement this Period 350.00	
Purpose of Disbursement EVENT CONSULTING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. MADISON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 7212 WEATHERVANE ROAD		Transaction ID : SB23.5139
City FLOWERY BRANCH State GA Zip Code 30542	Amount of Each Disbursement this Period 10511.69	
Purpose of Disbursement STRATEGY CONSULTING	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 10861.69

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MADISON STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 7212 WEATHERVANE ROAD		Transaction ID : SB23.5140
City FLOWERY BRANCH	State GA	
Zip Code 30542	Purpose of Disbursement STRATEGY CONSULTING	Amount of Each Disbursement this Period 11138.46
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MAJIC PRODUCTIONS INC.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 21365 GATEWAY COURT #100		Transaction ID : SB23.5141
City BROOKFIELD	State WI	
Zip Code 53045	Purpose of Disbursement EVENT STAGING EXPENSE	Amount of Each Disbursement this Period 10214.50
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MAJIC PRODUCTIONS INC.		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 21365 GATEWAY COURT #100		Transaction ID : SB23.5142
City BROOKFIELD	State WI	
Zip Code 53045	Purpose of Disbursement EVENT STAGING EXPENSE	Amount of Each Disbursement this Period 5736.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 27088.96

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5185
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL: LODGING	Candidate Name	Amount of Each Disbursement this Period 750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 12 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5188
City BETHESDA	State MD	
Purpose of Disbursement WILEY 07/22 REIMBURSEMENT: TRAVEL: LODGING	Candidate Name	Amount of Each Disbursement this Period 248.82
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5173
City BETHESDA	State MD	
Purpose of Disbursement EVENSON 08/07 REIMBURSEMENT: TRAVEL: OTHER	Candidate Name	Amount of Each Disbursement this Period 244.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5186
City BETHESDA	State MD	
Purpose of Disbursement TRAVEL: LODGING		Amount of Each Disbursement this Period 4698.83
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5146
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 201.48
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5182
City BETHESDA	State MD	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 2.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 17 / 2015

Transaction ID : SB23.5147

Amount of Each Disbursement this Period: 3715.20

[MEMO ITEM]

B. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2015

Transaction ID : SB23.5148

Amount of Each Disbursement this Period: 4000.00

[MEMO ITEM]

C. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 18 / 2015

Transaction ID : SB23.5149

Amount of Each Disbursement this Period: 201.48

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5150
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 201.48
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5155
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 3109.46
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5181
City BETHESDA	State MD	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 90.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 26 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5156
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 263.58
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5151
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 133.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5152
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 134.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5153
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 134.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5157
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 134.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5158
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 134.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5159
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 134.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5160
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 134.28
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5161
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 4.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. MARRIOTT

Full Name (Last, First, Middle Initial)
Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2015

Transaction ID : SB23.5162

Amount of Each Disbursement this Period: 345.35

[MEMO ITEM]

B. MARRIOTT

Full Name (Last, First, Middle Initial)
Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 28 / 2015

Transaction ID : SB23.5163

Amount of Each Disbursement this Period: 345.35

[MEMO ITEM]

C. MARRIOTT

Full Name (Last, First, Middle Initial)
Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
WILEY 08/25 REIMBURSEMENT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2015

Transaction ID : SB23.5189

Amount of Each Disbursement this Period: 177.25

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5154
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period -1269.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5190
City BETHESDA	State MD	
Purpose of Disbursement WILEY 08/25 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 209.97
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5191
City BETHESDA	State MD	
Purpose of Disbursement WILEY 08/25 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 302.84
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5175
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 12.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5176
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 5.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5177
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 25.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 08 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5174
City BETHESDA	State MD	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 60.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 08 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5183
City BETHESDA	State MD	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 08 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5184
City BETHESDA	State MD	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: OTHER/TRAVEL: OTHER		Amount of Each Disbursement this Period 56.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5164
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 168.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5165
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 2427.70
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5166
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 279.36
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5167
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 279.36
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5168
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 279.36
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5169
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 2726.24
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5187
City BETHESDA	State MD	
Purpose of Disbursement WACLAWSKI 09/09 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 0.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5192
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 7.98
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5193
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 5.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5195
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 114.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5194
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 18.09
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5196
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 135.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5197
City BETHESDA	State MD	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 34.49
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5170
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 2113.03
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5171
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 8198.47
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 22 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5172
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 2536.73
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5178
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 21.58
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5179
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.52
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARRIOTT		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5180
City BETHESDA	State MD	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 5.25
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5144
City BETHESDA	State MD	
Purpose of Disbursement CONNELLY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 18.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MARRIOTT		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5145
City BETHESDA	State MD	
Purpose of Disbursement CONNELLY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 25.44
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KAREN MARTIN		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6623
City MADISON	State WI	
Purpose of Disbursement MARTIN 08/07 REIMBURSEMENT: MILEAGE		Amount of Each Disbursement this Period 19.14
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. KAREN MARTIN		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6624
City MADISON	State WI	
Purpose of Disbursement MARTIN 08/07 REIMBURSEMENT: MILEAGE		Amount of Each Disbursement this Period 24.09
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. KAREN MARTIN		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6617
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2399.15
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KAREN MARTIN		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6625
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 25.41	
Purpose of Disbursement MARTIN 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. KAREN MARTIN		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6618
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2656.30	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. KAREN MARTIN		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6975
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 360.08	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 360.08

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KAREN MARTIN		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6619
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2632.57
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. KAREN MARTIN		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6620
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2651.41
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. KAREN MARTIN		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6976
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 420.09
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 420.09

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. KAREN MARTIN

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2015

Transaction ID : SB23.6621

Amount of Each Disbursement this Period: 2620.57

[MEMO ITEM]

B. KAREN MARTIN

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 24 / 2015

Transaction ID : SB23.6977

Amount of Each Disbursement this Period: 134.90

C. KAREN MARTIN

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2015

Transaction ID : SB23.6622

Amount of Each Disbursement this Period: 1324.82

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 134.90

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. MATTHEW C MASON

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/15 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 15 / 2015

Transaction ID : SB23.6627

Amount of Each Disbursement this Period
10587.54

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. MATTHEW C MASON

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 31 / 2015

Transaction ID : SB23.6628

Amount of Each Disbursement this Period
11727.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MATTHEW C MASON

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 13 / 2015

Transaction ID : SB23.6629

Amount of Each Disbursement this Period
11159.14

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATTHEW C MASON		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6630
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 11183.76
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MATTHEW C MASON		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6631
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 11159.14
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MATTHEW C MASON		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6632
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 5272.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6634
City MADISON State WI Zip Code 53704	Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 3111.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6640
City MADISON State WI Zip Code 53704	Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: MILEAGE	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 53.46
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6641
City MADISON State WI Zip Code 53704	Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: MILEAGE	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 47.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6642
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 18.15	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: MILEAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6643
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 18.15	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: MILEAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6644
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 23.76	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: MILEAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6645
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4.29	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: MILEAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6646
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 71.28	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: MILEAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6647
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 66.00	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: MILEAGE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6648
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 66.00	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6649
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 66.00	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6650
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 66.00	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6635
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4237.69	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6978
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1652.25	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6636
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4825.20	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 1652.25

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6637
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 989.34	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6638
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4242.30	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6979
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 989.34	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 989.34

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SCOTT MATEJOV		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6639
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1936.63
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MAVERICK FINANCE		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 403 N SECOND STREET, 2ND FL		Transaction ID : SB23.5199
City HARRISBURG	State PA	
Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period 2000.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MBA INSURANCE		Date of Disbursement MM / DD / YYYY 07 / 12 / 2015
Mailing Address 8383 E EVANS RD		Transaction ID : SB23.5201
City SCOTTSDALE	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: INSURANCE		Amount of Each Disbursement this Period 847.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. MIKE MCGINNIS

Full Name (Last, First, Middle Initial)

Mailing Address 171 N 67TH STREET

City MILWAUKEE State WI Zip Code 53213

Purpose of Disbursement PHOTOGRAPHY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 07 / 2015

Transaction ID : SB23.6981

Amount of Each Disbursement this Period: 515.00

Category/Type

B. KARA MCKEE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 15 / 2015

Transaction ID : SB23.6652

Amount of Each Disbursement this Period: 3257.74

Category/Type

[MEMO ITEM]

C. KARA MCKEE

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 07 / 31 / 2015

Transaction ID : SB23.6653

Amount of Each Disbursement this Period: 3276.96

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 515.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KARA MCKEE		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6654
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3933.75
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. KARA MCKEE		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6655
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3500.07
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. KARA MCKEE		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6656
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3475.45
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KARA MCKEE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6657
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1552.96
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MELTWATER NEWS US INC.		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address DEPT 3408, PO BOX 123408		Transaction ID : SB23.5203
City DALLAS	State TX	
Purpose of Disbursement SOFTWARE		Amount of Each Disbursement this Period 5000.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. METCALFE'S		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 726 N MIDVALE BLVD		Transaction ID : SB23.5205
City MADISON	State WI	
Purpose of Disbursement SCHMIDT 08/07 REIMBURSEMENT: EVENT STAGING EXPENSE		Amount of Each Disbursement this Period 313.11
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 5000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MG&E		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address PO BOX 1231		Transaction ID : SB23.5207
City MADISON	State WI	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 4787.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. MG&E		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address PO BOX 1231		Transaction ID : SB23.5208
City MADISON	State WI	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 5274.61
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. MICROSOFT ONLINE INC.		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address PO BOX 847543		Transaction ID : SB23.5210
City DALLAS	State TX	
Purpose of Disbursement ONLINE ADVERTISING	Candidate Name	Amount of Each Disbursement this Period 7399.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 17461.44

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. MIDAMERICAN ENERGY COMPANY

Mailing Address PO BOX 8020

City DAVENPORT State IA Zip Code 52808

Purpose of Disbursement UTILITIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 19 / 2015

Transaction ID : SB23.5212

Amount of Each Disbursement this Period: 568.86

Category/Type

Full Name (Last, First, Middle Initial)
B. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement WETZEL 08/07 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2015

Transaction ID : SB23.5349

Amount of Each Disbursement this Period: 39.93

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. MILEAGE

Mailing Address

City State Zip Code

Purpose of Disbursement WETZEL 08/07 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 12 / 2015

Transaction ID : SB23.5350

Amount of Each Disbursement this Period: 39.93

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 568.86

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address		Transaction ID : SB23.5351
City	State Zip Code	
Purpose of Disbursement WETZEL 08/07 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 39.93
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address		Transaction ID : SB23.5355
City	State Zip Code	
Purpose of Disbursement HAHN 9/9 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 539.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address		Transaction ID : SB23.5356
City	State Zip Code	
Purpose of Disbursement BERUBE 9/9 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 226.35
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address		Transaction ID : SB23.5354
City	State Zip Code	
Purpose of Disbursement MARTIN 9/3 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 420.09
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address		Transaction ID : SB23.5353
City	State Zip Code	
Purpose of Disbursement NAIDU 9/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 170.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5214
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 91.28
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5215
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 45.64
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5216
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 17.42
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5217
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 17.13
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5218
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 44.39
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5219
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 52.34
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5220
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 52.07
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5221
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 16.93
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5222
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 47.26
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5223
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 98.24
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5224
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 142.79
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5225
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 183.15
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5226
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 90.55
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5227
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 109.23
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5228
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 143.98
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5229
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 110.25
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5230
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 85.31
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5231
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 102.43
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5232
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 102.43
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5233
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 102.43
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5234
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 107.05
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5235
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 123.88
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5236
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 106.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5237
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 118.24
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5238
City	State Zip Code	
Purpose of Disbursement BERUBE 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 340.66
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5239
City	State Zip Code	
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 2.71
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5240
City	State Zip Code	
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 28.97
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5241
City	State Zip Code	
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 11.42
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. MILEAGE		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address		Transaction ID : SB23.5242
City State Zip Code		
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="23.40"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MILEAGE		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address		Transaction ID : SB23.5243
City State Zip Code		
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="65.18"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. MILEAGE		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address		Transaction ID : SB23.5244
City State Zip Code		
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="52.40"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5245
City	State Zip Code	
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 107.18
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5246
City	State Zip Code	
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 19.54
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5247
City	State Zip Code	
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 11.52
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5248
City	State Zip Code	
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 11.52
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5249
City	State Zip Code	
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 10.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5250
City	State Zip Code	
Purpose of Disbursement CORNELL 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 55.84
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. MILEAGE		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center">M M</td> <td style="text-align:center">/</td> <td style="text-align:center">D D</td> <td style="text-align:center">/</td> <td style="text-align:center">Y Y Y Y</td> </tr> <tr> <td style="text-align:center">09</td> <td></td> <td style="text-align:center">01</td> <td></td> <td style="text-align:center">2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		01		2015
M M	/	D D	/	Y Y Y Y								
09		01		2015								
Mailing Address		Transaction ID : SB23.5251										
City	State Zip Code											
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right">74.68</td> </tr> </table>	74.68									
74.68												
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State:	District:	[MEMO ITEM]										

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. MILEAGE		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center">M M</td> <td style="text-align:center">/</td> <td style="text-align:center">D D</td> <td style="text-align:center">/</td> <td style="text-align:center">Y Y Y Y</td> </tr> <tr> <td style="text-align:center">09</td> <td></td> <td style="text-align:center">01</td> <td></td> <td style="text-align:center">2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		01		2015
M M	/	D D	/	Y Y Y Y								
09		01		2015								
Mailing Address		Transaction ID : SB23.5252										
City	State Zip Code											
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right">46.99</td> </tr> </table>	46.99									
46.99												
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State:	District:	[MEMO ITEM]										

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. MILEAGE		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center">M M</td> <td style="text-align:center">/</td> <td style="text-align:center">D D</td> <td style="text-align:center">/</td> <td style="text-align:center">Y Y Y Y</td> </tr> <tr> <td style="text-align:center">09</td> <td></td> <td style="text-align:center">01</td> <td></td> <td style="text-align:center">2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		01		2015
M M	/	D D	/	Y Y Y Y								
09		01		2015								
Mailing Address		Transaction ID : SB23.5253										
City	State Zip Code											
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period										
Candidate Name												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right">75.77</td> </tr> </table>	75.77									
75.77												
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼												
State:	District:	[MEMO ITEM]										

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

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SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5254
City	State Zip Code	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 55.18
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5255
City	State Zip Code	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 79.37
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5256
City	State Zip Code	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 45.31
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 2309 / 2684

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5257
City	State Zip Code	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 90.88
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5258
City	State Zip Code	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 41.25
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5259
City	State Zip Code	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 72.63
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5260
City	State Zip Code	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 72.07
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5261
City	State Zip Code	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 95.93
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5262
City	State Zip Code	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.07
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. MILEAGE		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		01		2015
M M	/	D D	/	Y Y Y Y									
09		01		2015									
Mailing Address		Transaction ID : SB23.5263											
City	State	Zip Code	Amount of Each Disbursement this Period										
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER		<input type="text"/>	<input type="text" value="36.73"/>										
Candidate Name		Category/ Type	[MEMO ITEM]										
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
B. MILEAGE		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		01		2015
M M	/	D D	/	Y Y Y Y									
09		01		2015									
Mailing Address		Transaction ID : SB23.5264											
City	State	Zip Code	Amount of Each Disbursement this Period										
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER		<input type="text"/>	<input type="text" value="27.16"/>										
Candidate Name		Category/ Type	[MEMO ITEM]										
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. MILEAGE		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>01</td> <td></td> <td>2015</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	09		01		2015
M M	/	D D	/	Y Y Y Y									
09		01		2015									
Mailing Address		Transaction ID : SB23.5265											
City	State	Zip Code	Amount of Each Disbursement this Period										
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: TRAVEL: OTHER		<input type="text"/>	<input type="text" value="66.69"/>										
Candidate Name		Category/ Type	[MEMO ITEM]										
Office Sought:	Disbursement For: 2016												
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General												
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼												
<input type="checkbox"/> President													
State:	District:												

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. MILEAGE		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address		Transaction ID : SB23.5266
City State Zip Code		
Purpose of Disbursement DAY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="89.27"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MILEAGE		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address		Transaction ID : SB23.5267
City State Zip Code		
Purpose of Disbursement DWYER 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="51.68"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. MILEAGE		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address		Transaction ID : SB23.5268
City State Zip Code		
Purpose of Disbursement DWYER 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="62.60"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5269
City	State Zip Code	
Purpose of Disbursement DWYER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 12.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5270
City	State Zip Code	
Purpose of Disbursement DWYER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 41.98
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5271
City	State Zip Code	
Purpose of Disbursement EAGER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 81.94
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5272
City	State Zip Code	
Purpose of Disbursement EVENSON 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 27.19
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5273
City	State Zip Code	
Purpose of Disbursement EVENSON 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 27.23
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5274
City	State Zip Code	
Purpose of Disbursement EVENSON 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 102.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5275
City	State Zip Code	
Purpose of Disbursement EVENSON 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 46.66
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5276
City	State Zip Code	
Purpose of Disbursement EVENSON 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 46.04
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5277
City	State Zip Code	
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 62.67
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. MILEAGE		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address		Transaction ID : SB23.5278
City State Zip Code		
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="44.12"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MILEAGE		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address		Transaction ID : SB23.5279
City State Zip Code		
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="93.65"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. MILEAGE		<input type="text" value="09"/> / <input type="text" value="01"/> / <input type="text" value="2015"/>
Mailing Address		Transaction ID : SB23.5280
City State Zip Code		
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="42.83"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5281
City	State Zip Code	
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 41.28
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5282
City	State Zip Code	
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 284.59
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5283
City	State Zip Code	
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 70.62
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5284
City	State Zip Code	
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 153.42
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5285
City	State Zip Code	
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 174.90
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5286
City	State Zip Code	
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 208.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5287
City	State Zip Code	
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 33.40
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5288
City	State Zip Code	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 55.47
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5289
City	State Zip Code	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 106.99
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5290
City	State Zip Code	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 55.47
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5291
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 53.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5292
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 27.52
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5293
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 65.24
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5294
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 76.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5295
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 27.06
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. MILEAGE		MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5296
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 46.86
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MILEAGE		MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5297
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 71.58
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. MILEAGE		MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5298
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 26.86
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5299
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 79.43
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5300
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 93.46
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5301
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 75.83
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5302
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 75.83
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5303
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 21.95
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5304
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 60.59
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5305
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 25.51
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5306
City	State Zip Code	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 54.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5307
City	State Zip Code	
Purpose of Disbursement LUKACH 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 81.18
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5308
City	State Zip Code	
Purpose of Disbursement LUKACH 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 62.44
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5309
City	State Zip Code	
Purpose of Disbursement LUKACH 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 29.73
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5310
City	State Zip Code	
Purpose of Disbursement LUKACH 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 74.65
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5311
City	State Zip Code	
Purpose of Disbursement MARTIN 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 38.21
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5312
City	State Zip Code	
Purpose of Disbursement MARTIN 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 51.84
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5313
City	State Zip Code	
Purpose of Disbursement MARTIN 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 44.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5314
City	State Zip Code	
Purpose of Disbursement PETERSON 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 103.59
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5315
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 9.04
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5316
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 4.26
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5317
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 13.23
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5318
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 14.98
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5319
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 2.24
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5320
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 58.11
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5321
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 57.78
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5322
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 64.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5323
City State Zip Code		
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 30.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5324
City State Zip Code		
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 9.17
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5325
City State Zip Code		
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 48.61
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5326
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 12.18
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5327
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 30.59
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5328
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 4.22
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5329
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 58.87
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5330
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 4.52
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5331
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 28.94
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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PAGE 2334 / 2684

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5332
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 13.76
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5333
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 30.03
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5334
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 8.65
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5335
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 3.04
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5336
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 11.25
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5337
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 48.51
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5338
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 13.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5339
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 32.34
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5340
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 19.21
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5341
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 95.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5342
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 4.72
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5343
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 43.89
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5344
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 26.93
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5345
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 77.15
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5346
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/ Type	Amount of Each Disbursement this Period 59.73
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5347
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 48.71
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5348
City	State Zip Code	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 31.78
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MILEAGE		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address		Transaction ID : SB23.5352
City	State Zip Code	
Purpose of Disbursement WOOD 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 163.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MINNEAPOLIS CLUB		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 729 2ND AVE S		Transaction ID : SB23.5358
City MINNEAPOLIS State MN Zip Code 55402	Amount of Each Disbursement this Period 2613.97	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: FACILITY RENTAL/CATERING	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. MOBIL		Date of Disbursement MM / DD / YYYY 06 / 23 / 2015
Mailing Address 5959 LAS COLINAS BLVD		Transaction ID : SB23.5363
City IRVING State TX Zip Code 75039	Amount of Each Disbursement this Period 33.83	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: FUEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. MOBIL		Date of Disbursement MM / DD / YYYY 07 / 11 / 2015
Mailing Address 5959 LAS COLINAS BLVD		Transaction ID : SB23.5364
City IRVING State TX Zip Code 75039	Amount of Each Disbursement this Period 35.25	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: FUEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MOBIL		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 5959 LAS COLINAS BLVD		Transaction ID : SB23.5361
City IRVING State TX Zip Code 75039	Amount of Each Disbursement this Period 3.35	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: FUEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MOBIL		Date of Disbursement MM / DD / YYYY 09 / 05 / 2015
Mailing Address 5959 LAS COLINAS BLVD		Transaction ID : SB23.5360
City IRVING State TX Zip Code 75039	Amount of Each Disbursement this Period 39.14	
Purpose of Disbursement GALLATIN 09/24 REIMBURSEMENT: TRAVEL: FUEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MOBIL		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 5959 LAS COLINAS BLVD		Transaction ID : SB23.5362
City IRVING State TX Zip Code 75039	Amount of Each Disbursement this Period 38.68	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: FUEL	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALYSSA A MOYER		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6659
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4321.02	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. ALYSSA A MOYER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6660
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4762.32	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. ALYSSA A MOYER		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6661
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4732.44	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALYSSA A MOYER		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6662
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4631.38	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ALYSSA A MOYER		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6663
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4460.84	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ALYSSA A MOYER		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6664
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2060.23	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MOZ		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1100 2ND AVE		Transaction ID : SB23.5366
City SEATTLE	State WA	
Zip Code 98101		Amount of Each Disbursement this Period 249.00
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: SOFTWARE		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. COURTNEY MULLEN		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6666
City MADISON	State WI	
Zip Code 53704		Amount of Each Disbursement this Period 1400.72
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. COURTNEY MULLEN		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6667
City MADISON	State WI	
Zip Code 53704		Amount of Each Disbursement this Period 1534.98
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTNEY MULLEN		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6668
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1544.64	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. COURTNEY MULLEN		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6669
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1534.98	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. COURTNEY MULLEN		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6670
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1544.64	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. COURTNEY MULLEN		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6671
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1534.98	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. COURTNEY MULLEN		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6672
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 732.13	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. NATHAN NAIDU		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 3601 CANTON ROAD #131		Transaction ID : SB23.6983
City MARIETTA State GA Zip Code 30066	Amount of Each Disbursement this Period 231.21	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 231.21

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. NATIONAL CAPITAL TELESERVICE LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 300 FIFTH STREET NE		Transaction ID : SB23.5371
City WASHINGTON	State DC	
Purpose of Disbursement TELEMARKETING AND DATA	Zip Code 20002	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. NATIONAL CAPITAL TELESERVICE LLC		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 300 FIFTH STREET NE		Transaction ID : SB23.5372
City WASHINGTON	State DC	
Purpose of Disbursement TELEMARKETING AND DATA	Zip Code 20002	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. WILL NEITZEL		Date of Disbursement MM / DD / YYYY 07 / 11 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6681
City MADISON	State WI	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: MILEAGE	Zip Code 53704	Amount of Each Disbursement this Period 72.60
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 10000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WILL NEITZEL		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6682
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 254.10	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. WILL NEITZEL		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6683
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 12.21	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. WILL NEITZEL		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6684
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 115.83	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WILL NEITZEL		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6685
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 72.60	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. WILL NEITZEL		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6686
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 82.50	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: MILEAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. WILL NEITZEL		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6687
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 31.00	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WILL NEITZEL		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6688
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 33.00	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: TRAVEL: OTHER	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. WILL NEITZEL		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6984
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1407.48	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. WILL NEITZEL		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6985
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 889.44	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 2296.92

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WILL NEITZEL		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6986
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 361.85	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. WILLIAM E NEITZEL		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6674
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1693.07	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. WILLIAM E NEITZEL		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6675
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2316.22	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 361.85

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WILLIAM E NEITZEL		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6676
City MADISON State WI Zip Code 53704	Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 2306.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. WILLIAM E NEITZEL		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6677
City MADISON State WI Zip Code 53704	Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 2316.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. WILLIAM E NEITZEL		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6987
City MADISON State WI Zip Code 53704	Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 301.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 301.30

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WILLIAM E NEITZEL		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6678
City MADISON	State WI Zip Code 53704	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	Amount of Each Disbursement this Period 2295.31
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. WILLIAM E NEITZEL		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6988
City MADISON	State WI Zip Code 53704	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	Amount of Each Disbursement this Period 3316.33
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. WILLIAM E NEITZEL		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6989
City MADISON	State WI Zip Code 53704	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	Amount of Each Disbursement this Period 559.24
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 3875.57

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. WILLIAM E NEITZEL

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SB23.6679**

Amount of Each Disbursement this Period
1060.71

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ROBERT H NELSON

Mailing Address 1829 BAY STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB23.6991**

Amount of Each Disbursement this Period
5250.00

Full Name (Last, First, Middle Initial)
C. NETBRANDS MEDIA CORP.

Mailing Address 14550 BEECHNUT ST

City HOUSTON State TX Zip Code 77083

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: SOFTWARE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 10 / 2015

Transaction ID : **SB23.5374**

Amount of Each Disbursement this Period
249.58

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → 5250.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. NEW RIVER RESEARCH INSTITUTE LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 2150 COUNTRY CLUB ROAD #221		Transaction ID : SB23.5376
City WINSTON-SALEM	State NC	
Purpose of Disbursement DATA MANAGEMENT SERVICES	Candidate Name	Amount of Each Disbursement this Period 14800.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) B. NEW RIVER RESEARCH INSTITUTE LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 2150 COUNTRY CLUB ROAD #221		Transaction ID : SB23.5377
City WINSTON-SALEM	State NC	
Purpose of Disbursement DATA MANAGEMENT SERVICES	Candidate Name	Amount of Each Disbursement this Period 14800.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Full Name (Last, First, Middle Initial) C. DANIEL O'DRISCOLL		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6705
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	Amount of Each Disbursement this Period 6845.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	Category/ Type

Subtotal Of Receipts This Page (optional)..... 29600.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DANIEL O'DRISCOLL		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6706
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6870.03	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. DANIEL O'DRISCOLL		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6994
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4185.95	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. DANIEL O'DRISCOLL		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6995
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 583.27	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 4769.22

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DANNY O'DRISCOLL		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address PER DIEMS		Transaction ID : SB23.5491
City GREENFIELD	State IA	
Purpose of Disbursement O'DRISCOLL 09/09 REIMBURSEMENT: EVENT CONSULTING		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. OCEAN PRIME DENVER		Date of Disbursement MM / DD / YYYY 06 / 27 / 2015
Mailing Address 1465 LARIMER ST		Transaction ID : SB23.5379
City DENVER	State CO	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: MEETING EXPENSE: MEALS		Amount of Each Disbursement this Period 336.67
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MATT OCZKOWSKI		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6703
City MADISON	State WI	
Purpose of Disbursement OCZKOWSKI 08/07 REIMBURSEMENT: MILEAGE		Amount of Each Disbursement this Period 58.80
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATT OCZKOWSKI		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6992
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1589.99	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MATT OCZKOWSKI		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6993
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 500.20	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. MATTHEW EDWARD OCZKOWSKI		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6695
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 5868.03	
Purpose of Disbursement INSPIRITY 06/30 PAYROLL/TAXES & BENEFITS	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....	2090.19
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATTHEW EDWARD OCZKOWSKI		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6696
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6649.19	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MATTHEW EDWARD OCZKOWSKI		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6697
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6883.24	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MATTHEW EDWARD OCZKOWSKI		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6698
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6649.19	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATTHEW EDWARD OCZKOWSKI		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6699
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6673.80	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MATTHEW EDWARD OCZKOWSKI		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6700
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6649.19	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MATTHEW EDWARD OCZKOWSKI		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6701
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3136.22	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DANIEL MICHAEL O DRISCOLL		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6690
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6652.44	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DANIEL MICHAEL O DRISCOLL		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6691
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7101.66	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DANIEL MICHAEL O DRISCOLL		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6692
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6845.41	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DANIEL MICHAEL O DRISCOLL		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6693
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3162.08
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 6600 N MILITARY TRAIL		Transaction ID : SB23.5383
City BOCA RATON	State FL	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 47.03
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 07 / 12 / 2015
Mailing Address 6600 N MILITARY TRAIL		Transaction ID : SB23.5381
City BOCA RATON	State FL	
Purpose of Disbursement CENSKY 08/07 REIMBURSEMENT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 41.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 6600 N MILITARY TRAIL		Transaction ID : SB23.5384
City BOCA RATON State FL Zip Code 33496	Amount of Each Disbursement this Period 13.59	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: OFFICE SUPPLIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 6600 N MILITARY TRAIL		Transaction ID : SB23.5382
City BOCA RATON State FL Zip Code 33496	Amount of Each Disbursement this Period 17.49	
Purpose of Disbursement CENSKY 08/07 REIMBURSEMENT: OFFICE SUPPLIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 6600 N MILITARY TRAIL		Transaction ID : SB23.5385
City BOCA RATON State FL Zip Code 33496	Amount of Each Disbursement this Period 9.83	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: POSTAGE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 6600 N MILITARY TRAIL		Transaction ID : SB23.5386
City BOCA RATON	State FL	
Purpose of Disbursement YOUNG 09/24 REIMBURSEMENT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 42.57
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. OKTA		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 301 BRANNAN STREET #300		Transaction ID : SB23.5388
City SAN FRANCISCO	State CA	
Purpose of Disbursement TECHNICAL SERVICES		Amount of Each Disbursement this Period 1920.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. OLD DOMINION RESEARCH GROUP LLC		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address PO BOX 151444		Transaction ID : SB23.5391
City ALEXANDRIA	State VA	
Purpose of Disbursement RESEARCH FEE		Amount of Each Disbursement this Period 40000.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 41920.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OLD DOMINION RESEARCH GROUP LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address PO BOX 151444		Transaction ID : SB23.5390
City ALEXANDRIA	State VA	
Purpose of Disbursement RESEARCH CONSULTING	Candidate Name	Amount of Each Disbursement this Period 8243.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. ON POINT DIGITAL LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 11418 VALLEY STREAM DRIVE		Transaction ID : SB23.5393
City HOUSTON	State TX	
Purpose of Disbursement DIGITAL CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. OPTIMIZEZLY INC.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 631 HOWARD STREET #100		Transaction ID : SB23.5395
City SAN FRANCISCO	State CA	
Purpose of Disbursement SOFTWARE	Candidate Name	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 15743.75

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ORBITZ		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 500 W MADISON ST		Transaction ID : SB23.5400
City CHICAGO	State IL	
Purpose of Disbursement GRIFFITH 9/24 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 846.99
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. ORBITZ		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 500 W MADISON ST		Transaction ID : SB23.5397
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 6.99
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ORBITZ		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 500 W MADISON ST		Transaction ID : SB23.5398
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 6.99
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ORBITZ		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 500 W MADISON ST		Transaction ID : SB23.5399
City CHICAGO	State IL	
Zip Code 60661		Amount of Each Disbursement this Period 6.99
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: TRANSACTION FEE		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. ELISE OTTEN		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6708
City MADISON	State WI	
Zip Code 53704		Amount of Each Disbursement this Period 1400.72
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ELISE OTTEN		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6709
City MADISON	State WI	
Zip Code 53704		Amount of Each Disbursement this Period 1534.98
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ELISE OTTEN		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6710
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1544.64	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ELISE OTTEN		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6711
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1534.98	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ELISE OTTEN		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6712
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1544.64	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ELISE OTTEN		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6713
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1534.98
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. OUR AMERICAN REVIVAL		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address PO BOX 628154		Transaction ID : SB23.5402
City MIDDLETON	State WI	
Purpose of Disbursement OFFICE EQUIPMENT PURCHASE		Amount of Each Disbursement this Period 2240.41
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. OUR AMERICAN REVIVAL		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address PO BOX 628154		Transaction ID : SB23.5404
City MIDDLETON	State WI	
Purpose of Disbursement PHOTOGRAPHY SERVICES		Amount of Each Disbursement this Period 500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 2740.41

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OUR AMERICAN REVIVAL		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address PO BOX 628154		Transaction ID : SB23.5403
City MIDDLETON	State WI	
Purpose of Disbursement OFFICE EQUIPMENT PURCHASE	Category/ Type	Amount of Each Disbursement this Period 12695.68
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5406
City NEW YORK	State NY	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: TRANSACTION FEE	Category/ Type	Amount of Each Disbursement this Period 45.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5407
City NEW YORK	State NY	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: TRANSACTION FEE	Category/ Type	Amount of Each Disbursement this Period 635.20
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 12695.68

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5408
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5409
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5410
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5411
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5412
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5413
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5414
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5415
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5416
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5417
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5418
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5419
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5420
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5421
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5422
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 45.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5423
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 45.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5424
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 45.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5425
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 45.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. OVATION

Full Name (Last, First, Middle Initial)
Mailing Address 71 FIFTH AVE

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 25 / 2015

Transaction ID : SB23.5426

Amount of Each Disbursement this Period
45.00

[MEMO ITEM]

B. OVATION

Full Name (Last, First, Middle Initial)
Mailing Address 71 FIFTH AVE

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 25 / 2015

Transaction ID : SB23.5427

Amount of Each Disbursement this Period
45.00

[MEMO ITEM]

C. OVATION

Full Name (Last, First, Middle Initial)
Mailing Address 71 FIFTH AVE

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 25 / 2015

Transaction ID : SB23.5428

Amount of Each Disbursement this Period
45.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5429
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 45.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5430
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 269.60
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5431
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 373.10
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5432
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 554.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5433
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 554.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5434
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 554.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5435
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 554.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5436
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 554.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5437
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 554.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5438
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 554.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5439
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 554.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5440
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 554.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5441
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 554.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5442
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 604.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5443
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 635.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5444
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 635.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5445
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 635.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5446
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 635.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. OVATION

Full Name (Last, First, Middle Initial)
Mailing Address 71 FIFTH AVE

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 25 / 2015

Transaction ID : **SB23.5447**

Amount of Each Disbursement this Period: 635.20

[MEMO ITEM]

B. OVATION

Full Name (Last, First, Middle Initial)
Mailing Address 71 FIFTH AVE

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 25 / 2015

Transaction ID : **SB23.5448**

Amount of Each Disbursement this Period: 635.20

[MEMO ITEM]

C. OVATION

Full Name (Last, First, Middle Initial)
Mailing Address 71 FIFTH AVE

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 25 / 2015

Transaction ID : **SB23.5449**

Amount of Each Disbursement this Period: 635.20

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5450
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 683.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5451
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 683.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5452
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 13.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5453
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 303.20
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5454
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 164.57
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5455
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 45.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5456
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 635.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5457
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 13.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5458
City NEW YORK	State NY	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 535.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5459
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5460
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5461
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5462
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5463
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5464
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5465
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5466
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5467
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5468
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5469
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5470
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5471
City NEW YORK	State NY	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 50.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5472
City NEW YORK	State NY	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 50.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. OVATION		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5473
City NEW YORK	State NY	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE		Amount of Each Disbursement this Period 50.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. OVATION

Full Name (Last, First, Middle Initial)
Mailing Address 71 FIFTH AVE

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 10 / 2015

Transaction ID : **SB23.5474**

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]

B. OVATION

Full Name (Last, First, Middle Initial)
Mailing Address 71 FIFTH AVE

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 10 / 2015

Transaction ID : **SB23.5475**

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]

C. OVATION

Full Name (Last, First, Middle Initial)
Mailing Address 71 FIFTH AVE

City NEW YORK State NY Zip Code 10003

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 10 / 2015

Transaction ID : **SB23.5476**

Amount of Each Disbursement this Period
50.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. OVATION		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5477
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. OVATION		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 71 FIFTH AVE		Transaction ID : SB23.5478
City NEW YORK	State NY	
Zip Code 10003	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: TRANSACTION FEE	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PANERA BREAD		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3630 S. GEYER ROAD SUITE 100		Transaction ID : SB23.5481
City SAINT LOUIS	State MO	
Zip Code 63127	Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 24.44
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PANERA BREAD		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 3630 S. GEYER ROAD SUITE 100		Transaction ID : SB23.5487
City SAINT LOUIS State MO Zip Code 63127	Amount of Each Disbursement this Period 10.47	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PANERA BREAD		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 3630 S. GEYER ROAD SUITE 100		Transaction ID : SB23.5482
City SAINT LOUIS State MO Zip Code 63127	Amount of Each Disbursement this Period 9.22	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PANERA BREAD		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 3630 S. GEYER ROAD SUITE 100		Transaction ID : SB23.5489
City SAINT LOUIS State MO Zip Code 63127	Amount of Each Disbursement this Period 262.22	
Purpose of Disbursement KAYE 9/9 REIMBURSEMENT: MEETING EXPENSE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PANERA BREAD		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 3630 S. GEYER ROAD SUITE 100		Transaction ID : SB23.5483
City SAINT LOUIS State MO Zip Code 63127	Amount of Each Disbursement this Period 8.54	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. PANERA BREAD		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 3630 S. GEYER ROAD SUITE 100		Transaction ID : SB23.5488
City SAINT LOUIS State MO Zip Code 63127	Amount of Each Disbursement this Period 116.12	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. PANERA BREAD		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 3630 S. GEYER ROAD SUITE 100		Transaction ID : SB23.5484
City SAINT LOUIS State MO Zip Code 63127	Amount of Each Disbursement this Period 26.97	
Purpose of Disbursement GLAUSER 08/07 REIMBURSEMENT: TRAVEL: OTHER	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House Disbursement For: 2016 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PANERA BREAD		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 3630 S. GEYER ROAD SUITE 100		Transaction ID : SB23.5485
City SAINT LOUIS State MO Zip Code 63127	Amount of Each Disbursement this Period 35.35	
Purpose of Disbursement GLAUSER 08/07 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PANERA BREAD		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 3630 S. GEYER ROAD SUITE 100		Transaction ID : SB23.5486
City SAINT LOUIS State MO Zip Code 63127	Amount of Each Disbursement this Period 35.68	
Purpose of Disbursement GLAUSER 08/07 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PANERA BREAD		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 3630 S. GEYER ROAD SUITE 100		Transaction ID : SB23.5480
City SAINT LOUIS State MO Zip Code 63127	Amount of Each Disbursement this Period 32.27	
Purpose of Disbursement EVENSON 09/09 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PERCOLATE		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 107 GRAND STREET, 2ND FLOOR		Transaction ID : SB23.5495
City NEW YORK	State NY	
Zip Code 10013	Purpose of Disbursement TECHNICAL SERVICES	Amount of Each Disbursement this Period 6000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JOSEPHINE H PETERSON		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6715
City MADISON	State WI	
Zip Code 53704	Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Amount of Each Disbursement this Period 3202.69
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JOSEPHINE H PETERSON		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6716
City MADISON	State WI	
Zip Code 53704	Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Amount of Each Disbursement this Period 3534.22
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 6000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JOSEPHINE H PETERSON		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6717
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4171.67	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JOSEPHINE H PETERSON		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6718
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3749.98	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JOSEPHINE H PETERSON		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6719
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3725.71	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JOSEPHINE H PETERSON		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6720
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1721.98	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JOSIE PETERSON		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6997
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 223.83	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PETROLEUM CLUB OF DALLAS		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 2200 ROSS AVENUE		Transaction ID : SB23.5497
City DALLAS State TX Zip Code 75201	Amount of Each Disbursement this Period 290.86	
Purpose of Disbursement EVENSON 09/24 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 223.83

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PFISTER HOTEL		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 424 E WISCONSIN AVE		Transaction ID : SB23.5499
City MILWAUKEE	State WI	
Purpose of Disbursement TRAVEL: LODGING		Amount of Each Disbursement this Period 283.72
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. PFISTER HOTEL		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 424 E WISCONSIN AVE		Transaction ID : SB23.5500
City MILWAUKEE	State WI	
Purpose of Disbursement TRAVEL: LODGING		Amount of Each Disbursement this Period 247.72
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. PFISTER HOTEL		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 424 E WISCONSIN AVE		Transaction ID : SB23.5501
City MILWAUKEE	State WI	
Purpose of Disbursement TRAVEL: LODGING		Amount of Each Disbursement this Period 410.47
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HUDSON C PHILLIPS		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6722
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2533.37	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. HUDSON C PHILLIPS		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6723
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2796.58	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. HUDSON C PHILLIPS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6724
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2786.92	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. HUDSON C PHILLIPS

Full Name (Last, First, Middle Initial)
Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 28 / 2015

Transaction ID : SB23.6725

Amount of Each Disbursement this Period
2784.85

[MEMO ITEM]

B. HUDSON C PHILLIPS

Full Name (Last, First, Middle Initial)
Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 14 / 2015

Transaction ID : SB23.6726

Amount of Each Disbursement this Period
2773.17

[MEMO ITEM]

C. HUDSON C PHILLIPS

Full Name (Last, First, Middle Initial)
Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB23.6727

Amount of Each Disbursement this Period
1281.37

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FRED PREHN		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 413 JEFFERSON STREET		Transaction ID : SB23.7053
City WAUSAU State WI Zip Code 54403	Amount of Each Disbursement this Period 1286.25	
Purpose of Disbursement IN-KIND: CATERING SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. LINDA PREHN		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 413 JEFFERSON STREET		Transaction ID : SB23.7051
City WAUSAU State WI Zip Code 54403	Amount of Each Disbursement this Period 1286.25	
Purpose of Disbursement IN-KIND: CATERING SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PRINTERS SQUARE		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 105 FALTIN DRIVE		Transaction ID : SB23.5503
City MANCHESTER State NH Zip Code 03103	Amount of Each Disbursement this Period 717.69	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: PRINTING AND DESIGN SERVICES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2572.50

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PRINTERS SQUARE		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 105 FALTIN DRIVE		Transaction ID : SB23.5504
City MANCHESTER	State NH	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: PRINTING AND DESIGN SERVICES		Amount of Each Disbursement this Period 1099.18
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. PRO ONE JANITORIAL INC.		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1101 ASHWAUBENON STREET		Transaction ID : SB23.5506
City GREEN BAY	State WI	
Purpose of Disbursement CLEANING SERVICES		Amount of Each Disbursement this Period 1656.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. PRO ONE JANITORIAL INC.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1101 ASHWAUBENON STREET		Transaction ID : SB23.5507
City GREEN BAY	State WI	
Purpose of Disbursement CLEANING SERVICES		Amount of Each Disbursement this Period 1656.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 3312.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PRO ONE JANITORIAL INC.		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 1101 ASHWAUBENON STREET		Transaction ID : SB23.5508
City GREEN BAY	State WI Zip Code 54304	
Purpose of Disbursement CLEANING SERVICES	Category/Type	Amount of Each Disbursement this Period 1953.47
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. PROPERTY IMAGE LLC		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 967 JONATHON DRIVE		Transaction ID : SB23.5511
City MADISON	State WI Zip Code 53713	
Purpose of Disbursement OFFICE MAINTENANCE	Category/Type	Amount of Each Disbursement this Period 830.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. PROSPECT STRATEGIC COMMUNICATIONS LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address PO BOX 17079		Transaction ID : SB23.5513
City ARLINGTON	State VA Zip Code 22216	
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Category/Type	Amount of Each Disbursement this Period 14003.35
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 16786.82

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. PROTECTION TECHNOLOGIES		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address PO BOX 380		Transaction ID : SB23.5515
City MCFARLAND	State WI	
Zip Code 53558	Purpose of Disbursement OFFICE MAINTENANCE	Amount of Each Disbursement this Period 269.03
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JEANETTE PURCELL		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6729
City MADISON	State WI	
Zip Code 53704	Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Amount of Each Disbursement this Period 4065.50
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JEANETTE PURCELL		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6730
City MADISON	State WI	
Zip Code 53704	Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Amount of Each Disbursement this Period 4463.76
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 269.03

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JEANETTE PURCELL		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7000
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 671.20	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JEANETTE PURCELL		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6731
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4488.84	
Purpose of Disbursement INSPIRITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. JEANETTE PURCELL		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7001
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1089.21	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1760.41

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2410 / 2684

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. JEANETTE PURCELL

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2015

Transaction ID : SB23.6732

Amount of Each Disbursement this Period: 4463.76

[MEMO ITEM]

B. JEANETTE PURCELL

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 19 / 2015

Transaction ID : SB23.7002

Amount of Each Disbursement this Period: 522.70

C. JEANETTE PURCELL

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2015

Transaction ID : SB23.6733

Amount of Each Disbursement this Period: 4488.84

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 522.70

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. JEANETTE PURCELL

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2015

Transaction ID : SB23.7003

Amount of Each Disbursement this Period: 1755.96

Category/Type

B. JEANETTE PURCELL

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2015

Transaction ID : SB23.6734

Amount of Each Disbursement this Period: 4463.76

Category/Type

[MEMO ITEM]

C. JEANETTE PURCELL

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2015

Transaction ID : SB23.6735

Amount of Each Disbursement this Period: 2085.23

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 1755.96

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. QUAD CITIES RIVER BANDITS		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 209 S GAINES STREET		Transaction ID : SB23.5517
City	State	
Purpose of Disbursement FACILITY RENTAL	Category/ Type	Amount of Each Disbursement this Period 700.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. DISHANT RANA		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6737
City	State	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Category/ Type	Amount of Each Disbursement this Period 2625.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. DISHANT RANA		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6738
City	State	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Category/ Type	Amount of Each Disbursement this Period 3115.02
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 700.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DISHANT RANA		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6739
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3355.98	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. DISHANT RANA		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6740
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3115.02	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. DISHANT RANA		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6741
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3140.10	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DISHANT RANA		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6742
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3115.02
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. DISHANT RANA		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6743
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1462.87
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. REAGAN NATIONAL AIRPORT		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 2401 S. SMITH BLVD.		Transaction ID : SB23.5519
City ARLINGTON	State VA	
Purpose of Disbursement O'DRISCOLL 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 75.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. REAGAN NATIONAL AIRPORT		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 2401 S. SMITH BLVD.		Transaction ID : SB23.5520
City ARLINGTON	State VA	
Zip Code 22202	Purpose of Disbursement O'DRISCOLL 09/09 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 68.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. REAGAN NATIONAL AIRPORT		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 2401 S. SMITH BLVD.		Transaction ID : SB23.5521
City ARLINGTON	State VA	
Zip Code 22202	Purpose of Disbursement O'DRISCOLL 09/24 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 50.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. REAGAN NATIONAL AIRPORT		Date of Disbursement MM / DD / YYYY 09 / 20 / 2015
Mailing Address 2401 S. SMITH BLVD.		Transaction ID : SB23.5522
City ARLINGTON	State VA	
Zip Code 22202	Purpose of Disbursement O'DRISCOLL 09/24 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS LLC		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 500 CUMMINGS CENTER #4400		Transaction ID : SB23.5524
City BEVERLY	State MA	
Purpose of Disbursement FUNDRAISING SOFTWARE		Amount of Each Disbursement this Period 18000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 500 CUMMINGS CENTER #4400		Transaction ID : SB23.5525
City BEVERLY	State MA	
Purpose of Disbursement FUNDRAISING SOFTWARE		Amount of Each Disbursement this Period 12000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. RED OAK STRATEGIC LLC		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address PO BOX 2561		Transaction ID : SB23.5527
City ALEXANDRIA	State VA	
Purpose of Disbursement SOFTWARE		Amount of Each Disbursement this Period 16100.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 46100.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RED OAK STRATEGIC LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address PO BOX 2561		Transaction ID : SB23.5528
City ALEXANDRIA	State VA	
Zip Code 22301	Purpose of Disbursement SOFTWARE	Amount of Each Disbursement this Period 899.48
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 06 / 20 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5541
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement WILEY 07/22 REIMBURSEMENT: TRAVEL: LODGING	Amount of Each Disbursement this Period 248.60
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5531
City BETHESDA	State MD	
Zip Code 20817	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING	Amount of Each Disbursement this Period 201.04
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 899.48

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5532
City BETHESDA	State MD	
Zip Code 20817		Amount of Each Disbursement this Period 201.04
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5533
City BETHESDA	State MD	
Zip Code 20817		Amount of Each Disbursement this Period 201.04
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5534
City BETHESDA	State MD	
Zip Code 20817		Amount of Each Disbursement this Period 201.04
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5535
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 201.04
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5536
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 224.24
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5537
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 224.24
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5538
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 224.24
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5530
City BETHESDA	State MD	
Purpose of Disbursement ADAMS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 33.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 09 / 13 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5540
City BETHESDA	State MD	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 23.38
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RENAISSANCE HOTELS		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5539
City BETHESDA	State MD	
Purpose of Disbursement EVENSON 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 40.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. RESIDENCE INN		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5543
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 1.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. RESIDENCE INN		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5544
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 608.22
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RESIDENCE INN		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5545
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 640.92
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. RESIDENCE INN		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5546
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 335.81
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. RESIDENCE INN		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5547
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 353.16
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. RESIDENCE INN

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 27 / 2015

Transaction ID : **SB23.5548**

Amount of Each Disbursement this Period
1825.56

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. RESIDENCE INN

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 02 / 2015

Transaction ID : **SB23.5549**

Amount of Each Disbursement this Period
614.48

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. JOHN RHODEN

Mailing Address 1201 EAST 230 SOUTH

City State Zip Code
PROVO UT 84606

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 07 / 2015

Transaction ID : **SB23.7005**

Amount of Each Disbursement this Period
222.23

Subtotal Of Receipts This Page (optional)..... 222.23

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JOHN RHODEN		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1201 EAST 230 SOUTH		Transaction ID : SB23.7006
City PROVO	State UT	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 841.73
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JOHN RHODEN		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1201 EAST 230 SOUTH		Transaction ID : SB23.7007
City PROVO	State UT	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 685.87
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JOHN RHODEN		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1201 EAST 230 SOUTH		Transaction ID : SB23.7008
City PROVO	State UT	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 195.45
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 1723.05

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RMD CORBEN LLC		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 1622 LINDALE LANE		Transaction ID : SB23.5553
City GREEN BAY State WI Zip Code 54313	Amount of Each Disbursement this Period 63519.79	
Purpose of Disbursement RENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. RMD CORBEN LLC		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 1622 LINDALE LANE		Transaction ID : SB23.5554
City GREEN BAY State WI Zip Code 54313	Amount of Each Disbursement this Period 34531.25	
Purpose of Disbursement RENT	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. RMD CORBEN LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1622 LINDALE LANE		Transaction ID : SB23.5556
City GREEN BAY State WI Zip Code 54313	Amount of Each Disbursement this Period 696.67	
Purpose of Disbursement UTILITIES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 98747.71

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RMD CORBEN LLC		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 1622 LINDALE LANE		Transaction ID : SB23.5555
City GREEN BAY	State WI	
Purpose of Disbursement RENT	Candidate Name	Amount of Each Disbursement this Period 34531.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. ROARING GAP CLUB INC.		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address PO BOX 129		Transaction ID : SB23.5558
City ROARING GAP	State NC	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES	Candidate Name	Amount of Each Disbursement this Period 2841.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. ROCKY ROCOCO		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 1753 THIERER RD		Transaction ID : SB23.5560
City MADISON	State WI	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: MEETING EXPENSE: MEALS	Candidate Name	Amount of Each Disbursement this Period 310.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 37372.36

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SALESFORCE.COM INC.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address PO BOX 203141		Transaction ID : SB23.5562
City DALLAS	State TX	
Zip Code 75320	Purpose of Disbursement SOFTWARE	Amount of Each Disbursement this Period 9,999.99 4560.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SALLY'S RESTAURANT		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 1 MARKET PLACE		Transaction ID : SB23.5564
City SAN DIEGO	State CA	
Zip Code 92101	Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER	Amount of Each Disbursement this Period 9,999.99 262.21
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SANTOSUOSSO, LYNN		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 89 CHURCH STREET		Transaction ID : SB23.5566
City BARRINGTON	State NH	
Zip Code 03825	Purpose of Disbursement EVENT CONSULTING	Amount of Each Disbursement this Period 9,999.99 4550.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 9110.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KATELYN SCHMIDT		Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M /</td> <td style="width:33%; text-align:center;">D D /</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">06</td> <td style="text-align:center;">30</td> <td style="text-align:center;">2015</td> </tr> </table>	M M /	D D /	Y Y Y Y	06	30	2015
M M /	D D /	Y Y Y Y						
06	30	2015						
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6745						
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right;">1605.30</td> </tr> </table>		1605.30					
1605.30								
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President								
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:							

Full Name (Last, First, Middle Initial) B. KATELYN SCHMIDT		Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M /</td> <td style="width:33%; text-align:center;">D D /</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">07</td> <td style="text-align:center;">15</td> <td style="text-align:center;">2015</td> </tr> </table>	M M /	D D /	Y Y Y Y	07	15	2015
M M /	D D /	Y Y Y Y						
07	15	2015						
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6746						
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right;">1759.78</td> </tr> </table>		1759.78					
1759.78								
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President								
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:							

Full Name (Last, First, Middle Initial) C. KATELYN SCHMIDT		Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">M M /</td> <td style="width:33%; text-align:center;">D D /</td> <td style="width:33%; text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">07</td> <td style="text-align:center;">31</td> <td style="text-align:center;">2015</td> </tr> </table>	M M /	D D /	Y Y Y Y	07	31	2015
M M /	D D /	Y Y Y Y						
07	31	2015						
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6747						
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:right;">1769.44</td> </tr> </table>		1769.44					
1769.44								
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President								
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:							

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KATELYN SCHMIDT		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6748
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1759.78	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. KATELYN SCHMIDT		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7009
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 313.11	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. KATELYN SCHMIDT		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6749
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1769.44	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 313.11

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KATELYN SCHMIDT		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6750
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1759.78
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. KATELYN SCHMIDT		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6751
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 836.15
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SCHNEIDER GRAPHICS INC.		Date of Disbursement MM / DD / YYYY 09 / 28 / 2015
Mailing Address PO BOX 8246		Transaction ID : SB23.5568
City DES MOINES	State IA	
Purpose of Disbursement PRINTING AND DESIGN SERVICES		Amount of Each Disbursement this Period 585.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 585.00

Total This Period (last page this line number only).....

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MOLLY SCHWEICKERT		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6753
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3623.56	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. MOLLY SCHWEICKERT		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6754
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3997.50	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. MOLLY SCHWEICKERT		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6755
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4665.59	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MOLLY SCHWEICKERT		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6756
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4224.22	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MOLLY SCHWEICKERT		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6757
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4038.98	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MOLLY SCHWEICKERT		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6758
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1836.27	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SCM ASSOCIATES INC.		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <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>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		2	8		2	0	1	5													
Mailing Address PO BOX 254		Transaction ID : SB23.5570																				
City DUBLIN	State NH		Zip Code 03444																			
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE		Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>16</td><td>10</td><td>28</td><td>.</td><td>14</td> </tr> </table>	16	10	28	.	14															
16	10		28	.	14																	
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Full Name (Last, First, Middle Initial) B. SCM ASSOCIATES INC.		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <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>0</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	7		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	7		2	0	1	5													
Mailing Address PO BOX 254		Transaction ID : SB23.5571																				
City DUBLIN	State NH		Zip Code 03444																			
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE		Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>8</td><td>9</td><td>2</td><td>6</td><td>.</td><td>5</td><td>2</td> </tr> </table>	8	9	2	6	.	5	2													
8	9		2	6	.	5	2															
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Full Name (Last, First, Middle Initial) C. SCM ASSOCIATES INC.		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <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>9</td><td></td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	9		2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	9		2	0	1	5													
Mailing Address PO BOX 254		Transaction ID : SB23.5572																				
City DUBLIN	State NH		Zip Code 03444																			
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE		Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>4</td><td>9</td><td>3</td><td>6</td><td>.</td><td>1</td><td>7</td><td>4</td> </tr> </table>	4	9	3	6	.	1	7	4												
4	9		3	6	.	1	7	4														
Candidate Name																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Subtotal Of Receipts This Page (optional).....

29	9	6	1	.	6	4
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Total This Period (last page this line number only).....

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SCM ASSOCIATES INC.		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address PO BOX 254		Transaction ID : SB23.5573
City DUBLIN	State NH	
Zip Code 03444	Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Amount of Each Disbursement this Period 22364.90
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SEEN READ HEARD LLC		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 8000 MARYLAND AVENUE #1120		Transaction ID : SB23.5575
City CLAYTON	State MO	
Zip Code 63105	Purpose of Disbursement COMMUNICATIONS CONSULTING	Amount of Each Disbursement this Period 6000.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SEOMOZ		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 1100 2ND AVE SUITE 500		Transaction ID : SB23.5577
City SEATTLE	State WA	
Zip Code 98101	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: SOFTWARE	Amount of Each Disbursement this Period 249.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 28364.90

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. NICHOLAS R SHARKEY		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6760
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4353.73	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. NICHOLAS R SHARKEY		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6761
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6309.75	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. NICHOLAS R SHARKEY		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6762
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6110.62	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. NICHOLAS R SHARKEY		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6763
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 5817.10	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. NICHOLAS R SHARKEY		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6764
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 5771.12	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. NICHOLAS R SHARKEY		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6765
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2666.22	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SHARP POLITICS LLC		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address PO BOX 25122		Transaction ID : SB23.5579
City ALEXANDRIA	State VA	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Amount of Each Disbursement this Period 700.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SHARP POLITICS LLC		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address PO BOX 25122		Transaction ID : SB23.5580
City ALEXANDRIA	State VA	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Amount of Each Disbursement this Period 29394.30
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SHARP POLITICS LLC		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address PO BOX 25122		Transaction ID : SB23.5581
City ALEXANDRIA	State VA	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Amount of Each Disbursement this Period 15000.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 45094.30

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ANDREW B SHAW		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6767
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3030.83	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ANDREW B SHAW		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6768
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6633.21	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ANDREW B SHAW		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6769
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6581.59	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ANDREW B SHAW		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6770
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2915.87
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SHERATON CITY CENTER		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 201 N 17TH ST		Transaction ID : SB23.5583
City PHILADELPHIA	State PA	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 183.65
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SHERATON CITY CENTER		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 201 N 17TH ST		Transaction ID : SB23.5584
City PHILADELPHIA	State PA	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 367.29
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SHERATON CITY CENTER		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 201 N 17TH ST		Transaction ID : SB23.5586
City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period 8.00	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SHERATON CITY CENTER		Date of Disbursement MM / DD / YYYY 06 / 20 / 2015
Mailing Address 201 N 17TH ST		Transaction ID : SB23.5587
City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period 95.94	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SHERATON CITY CENTER		Date of Disbursement MM / DD / YYYY 06 / 21 / 2015
Mailing Address 201 N 17TH ST		Transaction ID : SB23.5585
City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period 72.91	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: LODGING	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ERIC W SHERRED		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6772
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3623.56	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. ERIC W SHERRED		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6773
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4446.30	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. ERIC W SHERRED		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6774
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4196.09	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ERIC W SHERRED		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6775
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4216.86	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ERIC W SHERRED		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6776
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4032.08	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ERIC W SHERRED		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6777
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1833.05	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SHIRLEY & BANISTER PUBLIC AFFAIRS		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 122 S PATRICK STREET		Transaction ID : SB23.5589
City ALEXANDRIA	State VA	
Purpose of Disbursement COMMUNICATIONS CONSULTING		Amount of Each Disbursement this Period 9200.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) B. SHOREBY CLUB		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 40 SHOREBY DRIVE		Transaction ID : SB23.5591
City BRATENAHL	State OH	
Purpose of Disbursement FACILITY RENTAL/CATERING SERVICES		Amount of Each Disbursement this Period 1818.63
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) C. SHRED-IT USA LLC		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 21 MARSH COURT		Transaction ID : SB23.5594
City MADISON	State WI	
Purpose of Disbursement OFFICE MAINTENANCE		Amount of Each Disbursement this Period 198.22
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Subtotal Of Receipts This Page (optional)..... 11216.85

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SINATRA		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 3131 S LAS VEGAS BLVD		Transaction ID : SB23.5596
City LAS VEGAS	State NV	
Purpose of Disbursement EVENSON 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 295.39
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SKYBRIDGE CAPITAL		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 527 MADISON AVENUE, 16TH FL		Transaction ID : SB23.5598
City NEW YORK	State NY	
Purpose of Disbursement FACILITY RENTAL		Amount of Each Disbursement this Period 375.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SLACK TECHNOLOGIES, INC		Date of Disbursement MM / DD / YYYY 08 / 16 / 2015
Mailing Address 155 5TH STREET, 6TH FLOOR		Transaction ID : SB23.5600
City SAN FRANCISCO	State CA	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES		Amount of Each Disbursement this Period 271.76
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 375.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SLACK TECHNOLOGIES, INC.		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 155 5TH STREET, 6TH FLOOR		Transaction ID : SB23.5602
City SAN FRANCISCO	State CA	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES	Zip Code 94103	Amount of Each Disbursement this Period 272.41
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. HEATHER K SMITH		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6779
City MADISON	State WI	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Zip Code 53704	Amount of Each Disbursement this Period 6001.52
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. HEATHER K SMITH		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6780
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Zip Code 53704	Amount of Each Disbursement this Period 7272.29
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HEATHER K SMITH		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6781
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7960.42	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. HEATHER K SMITH		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6782
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7491.44	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. HEATHER K SMITH		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6783
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7515.70	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. HEATHER K SMITH		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6784
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 7491.44	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. HEATHER K SMITH		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6785
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3563.36	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. JESSE SMITH		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7010
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 655.37	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... **655.37**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JESSE SMITH		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7011
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 398.82	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JESSE SMITH		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6891
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 600.00	
Purpose of Disbursement SMITH 9/9 REIMBURSEMENT: PER DIEMS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JESSE SMITH		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.5493
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1350.00	
Purpose of Disbursement SMITH 09/24 REIMBURSEMENT: EVENT CONSULTING	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 398.82

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JESSE SMITH		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7012
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 662.24	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JESSE SMITH		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7013
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 358.02	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JESSE SMITH		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7014
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1776.15	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 2796.41

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JEFFREY R SNOW		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6787
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1693.07	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. JEFFREY R SNOW		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6788
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2316.22	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. JEFFREY R SNOW		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6789
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 2306.56	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. JEFFREY R SNOW

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPIRITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 28 / 2015

Transaction ID : **SB23.6790**

Amount of Each Disbursement this Period: 2316.16

[MEMO ITEM]

B. JEFFREY R SNOW

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 14 / 2015

Transaction ID : **SB23.6791**

Amount of Each Disbursement this Period: 2295.31

[MEMO ITEM]

C. JEFFREY R SNOW

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **SB23.6792**

Amount of Each Disbursement this Period: 1060.71

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. SNOW PHOTOGRAPHY

Mailing Address **PO BOX 34763**

City **WASHINGTON** State **DC** Zip Code **20043**

Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 31 / 2015

Transaction ID : SB23.5604

Amount of Each Disbursement this Period
13016.43

Category/Type

Full Name (Last, First, Middle Initial)
B. SNOW PHOTOGRAPHY

Mailing Address **PO BOX 34763**

City **WASHINGTON** State **DC** Zip Code **20043**

Purpose of Disbursement
PHOTOGRAPHY SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 24 / 2015

Transaction ID : SB23.5605

Amount of Each Disbursement this Period
10371.41

Category/Type

Full Name (Last, First, Middle Initial)
C. SOUND CENTRAL LLC

Mailing Address **1230 POPLAR AVENUE**

City **SUPERIOR** State **WI** Zip Code **54880**

Purpose of Disbursement
EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: **2016**
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 19 / 2015

Transaction ID : SB23.5607

Amount of Each Disbursement this Period
5337.00

Category/Type

Subtotal Of Receipts This Page (optional)..... **28724.84**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTH CAROLINA REPUBLICAN PARTY		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 1913 MARION STREET		Transaction ID : SB23.5609
City COLUMBIA State SC Zip Code 29201	Amount of Each Disbursement this Period 40000.00	
Purpose of Disbursement BALLOT ACCESS FEE	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5611
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 584.00	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 15 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5612
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 584.00	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 40000.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5613
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 478.50	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5614
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 356.00	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5615
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 678.00	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5616
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 524.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5617
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 3732.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5618
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 150.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5619
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5620
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5621
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5622
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5623
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 339.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5657
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 242.00	
Purpose of Disbursement WOOD 08/07 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
WOOD 08/07 REIMBURSEMENT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 09 / 2015

Transaction ID : SB23.5658

Amount of Each Disbursement this Period: 249.99

[MEMO ITEM]

B. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2015

Transaction ID : SB23.5624

Amount of Each Disbursement this Period: 26.99

[MEMO ITEM]

C. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)
Mailing Address 2702 LOVE FIELD DRIVE

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 10 / 2015

Transaction ID : SB23.5625

Amount of Each Disbursement this Period: 26.99

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5626
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 26.99	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5627
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 26.99	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5628
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 26.99	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 11 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5653
City DALLAS State TX Zip Code 75235	Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 218.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5629
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 2988.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5630
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 452.01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5631
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 261.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5632
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period -267.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5633
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period -267.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5634
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period -267.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5635
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period -267.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5636
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period -267.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5637
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period -267.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5638
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period -231.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5639
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 104.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5640
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 480.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5641
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 556.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5642
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 252.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5659
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 193.00	
Purpose of Disbursement WOOD 09/09 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5660
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 314.00	
Purpose of Disbursement WOOD 09/09 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5661
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 188.00	
Purpose of Disbursement WOOD 09/09 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5662
City DALLAS State TX Zip Code 75235	Purpose of Disbursement WOOD 09/09 REIMBURSEMENT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 186.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5663
City DALLAS State TX Zip Code 75235	Purpose of Disbursement WOOD 09/09 REIMBURSEMENT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 79.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5665
City DALLAS State TX Zip Code 75235	Purpose of Disbursement KAYE 9/9 REIMBURSEMENT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 460.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5643
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 278.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5644
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 834.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5645
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 278.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5646
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 972.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5647
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 1308.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5648
City DALLAS State TX Zip Code 75235	Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 394.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5649
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 149.82	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5652
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 439.98	
Purpose of Disbursement KAYE 09/24 REIMBURSEMENT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5651
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 157.00	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: AIR	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5654
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 68.00	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5650
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 8.00	
Purpose of Disbursement EVENSON 09/24 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5664
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 8.00	
Purpose of Disbursement WOOD 09/24 REIMBURSEMENT: TRAVEL: OTHER	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5655
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 132.00	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. SOUTHWEST AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 25 / 2015
Mailing Address 2702 LOVE FIELD DRIVE		Transaction ID : SB23.5656
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period 99.00	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. SOUTHWEST FLORIDA INTERNATIONAL		Date of Disbursement MM / DD / YYYY 06 / 29 / 2015
Mailing Address 11000 TERMINAL ACCESS RD		Transaction ID : SB23.5667
City FORT MYERS State FL Zip Code 33913	Amount of Each Disbursement this Period 76.00	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SOUTHWEST FLORIDA INTERNATIONAL		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 11000 TERMINAL ACCESS RD		Transaction ID : SB23.5668
City FORT MYERS	State FL	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 43.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SOUTHWEST FLORIDA INTERNATIONAL		Date of Disbursement MM / DD / YYYY 07 / 19 / 2015
Mailing Address 11000 TERMINAL ACCESS RD		Transaction ID : SB23.5669
City FORT MYERS	State FL	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 72.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SOUTHWEST FLORIDA INTERNATIONAL		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 11000 TERMINAL ACCESS RD		Transaction ID : SB23.5670
City FORT MYERS	State FL	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 55.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. SOUTHWEST PUBLISHING AND MAILING

Mailing Address PO BOX 6013

City CHAMPAIGN State IL Zip Code 61826

Purpose of Disbursement
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	1	5

Transaction ID : SB23.5672

Amount of Each Disbursement this Period

2	6	5	9	4	.	2	0
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Full Name (Last, First, Middle Initial)

B. SPRINGHILL SUITES

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	5

Transaction ID : SB23.5674

Amount of Each Disbursement this Period

1	5	0	.	0	8
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. SPRINGHILL SUITES

Mailing Address 10400 FERNWOOD RD

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	1	5

Transaction ID : SB23.5675

Amount of Each Disbursement this Period

1	5	0	.	0	8
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[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 26594.20

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5676
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 2701.44
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5705
City BETHESDA	State MD	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 302.40
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5677
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 604.80
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5678
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 604.80
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5679
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 604.80
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5680
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 302.40
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5681
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 302.40
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5682
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 302.40
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5683
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 302.40
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5684
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 302.40
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5685
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 302.40
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5706
City BETHESDA	State MD	
Purpose of Disbursement O'DRISCOLL 09/09 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 420.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. SPRINGHILL SUITES

Full Name (Last, First, Middle Initial)
Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **SB23.5686**

Amount of Each Disbursement this Period
231.73

[MEMO ITEM]

B. SPRINGHILL SUITES

Full Name (Last, First, Middle Initial)
Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **SB23.5687**

Amount of Each Disbursement this Period
210.27

[MEMO ITEM]

C. SPRINGHILL SUITES

Full Name (Last, First, Middle Initial)
Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **SB23.5688**

Amount of Each Disbursement this Period
210.27

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5689
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 210.27
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5690
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 567.95
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5691
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 420.54
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5692
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 567.95
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5693
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 420.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5694
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 210.27
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. SPRINGHILL SUITES

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **SB23.5695**

Amount of Each Disbursement this Period
210.27

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. SPRINGHILL SUITES

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **SB23.5696**

Amount of Each Disbursement this Period
210.27

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. SPRINGHILL SUITES

Mailing Address 10400 FERNWOOD RD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 20 / 2015

Transaction ID : **SB23.5697**

Amount of Each Disbursement this Period
210.27

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5698
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 420.54
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 22 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5699
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 10.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5700
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 302.34
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5701
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 185.75
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5702
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 185.75
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. SPRINGHILL SUITES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5703
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 129.65
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SPRINGHILL SUITES		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 10400 FERNWOOD RD		Transaction ID : SB23.5704
City BETHESDA	State MD	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 151.17
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. STACY DAVIS & ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 24651 EVEREVE CIRCLE #1		Transaction ID : SB23.5713
City LAKE FOREST	State CA	
Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period 378.85
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. STACY DAVIS & ASSOCIATES		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 24651 EVEREVE CIRCLE #1		Transaction ID : SB23.5714
City LAKE FOREST	State CA	
Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period 13200.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional).....	13578.85
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5720
City FRAMINGHAM	State MA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: OFFICE SUPPLIES		Amount of Each Disbursement this Period 35.79
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5721
City FRAMINGHAM	State MA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: OFFICE SUPPLIES		Amount of Each Disbursement this Period 126.56
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5722
City FRAMINGHAM	State MA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: OFFICE SUPPLIES		Amount of Each Disbursement this Period 159.23
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5723
City FRAMINGHAM	State MA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: OFFICE SUPPLIES		Amount of Each Disbursement this Period 126.56
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5724
City FRAMINGHAM	State MA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: OFFICE SUPPLIES		Amount of Each Disbursement this Period 159.23
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5716
City FRAMINGHAM	State MA	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: PRINTING AND DESIGN SERVICES		Amount of Each Disbursement this Period 13.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5725
City FRAMINGHAM	State MA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 80.22
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5717
City FRAMINGHAM	State MA	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: PRINTING AND DESIGN SERVICES		Amount of Each Disbursement this Period 28.27
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5718
City FRAMINGHAM	State MA	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: PRINTING AND DESIGN SERVICES		Amount of Each Disbursement this Period 1.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5726
City FRAMINGHAM	State MA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 126.59
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 08 / 08 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5727
City FRAMINGHAM	State MA	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 13.81
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. STAPLES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5729
City FRAMINGHAM	State MA	
Purpose of Disbursement LUKACH 09/09 REIMBURSEMENT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 21.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5728
City FRAMINGHAM	State MA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 126.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STAPLES		Date of Disbursement MM / DD / YYYY 09 / 06 / 2015
Mailing Address 500 STAPLES DRIVE		Transaction ID : SB23.5719
City FRAMINGHAM	State MA	
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 9.46
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STARBUCKS		Date of Disbursement MM / DD / YYYY 06 / 23 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5737
City SEATTLE	State WA	
Purpose of Disbursement EVENSON 07/22 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 12.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement MM / DD / YYYY 07 / 08 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5755
City SEATTLE	State WA	
Purpose of Disbursement MARTIN 08/07 REIMBURSEMENT: MEETING EXPENSE: MEALS		Amount of Each Disbursement this Period 0.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. STARBUCKS		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5745
City SEATTLE	State WA	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 0.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. STARBUCKS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5738
City SEATTLE	State WA	
Purpose of Disbursement EVENSON 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 0.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5739
City SEATTLE	State WA	
Purpose of Disbursement EVENSON 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 18.81
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. STARBUCKS		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5746
City SEATTLE	State WA	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 14.61
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. STARBUCKS		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5747
City SEATTLE	State WA	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 10.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. STARBUCKS

Mailing Address 2401 UTAH AVE S

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement
HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 06 / 2015

Transaction ID : SB23.5748

Amount of Each Disbursement this Period
4.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. STARBUCKS

Mailing Address 2401 UTAH AVE S

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement
CORNELL 09/09 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 07 / 2015

Transaction ID : SB23.5735

Amount of Each Disbursement this Period
7.80

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. STARBUCKS

Mailing Address 2401 UTAH AVE S

City SEATTLE State WA Zip Code 98134

Purpose of Disbursement
HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 07 / 2015

Transaction ID : SB23.5749

Amount of Each Disbursement this Period
9.25

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....→ 0.00

Total This Period (last page this line number only).....→

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5740
City SEATTLE	State WA	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.65
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. STARBUCKS		Date of Disbursement MM / DD / YYYY 08 / 23 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5741
City SEATTLE	State WA	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.76
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. STARBUCKS		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5736
City SEATTLE	State WA	
Purpose of Disbursement DAY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 5.25
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5750
City SEATTLE	State WA	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 5.19
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. STARBUCKS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5731
City SEATTLE	State WA	
Purpose of Disbursement CONNELLY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 8.44
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. STARBUCKS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5732
City SEATTLE	State WA	
Purpose of Disbursement CONNELLY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5742
City SEATTLE	State WA	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 4.03
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. STARBUCKS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5751
City SEATTLE	State WA	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 16.82
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. STARBUCKS		Date of Disbursement MM / DD / YYYY 08 / 30 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5752
City SEATTLE	State WA	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 15.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5753
City SEATTLE	State WA	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 9.74
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STARBUCKS		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5756
City SEATTLE	State WA	
Purpose of Disbursement MATEJOV 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 15.71
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STARBUCKS		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5733
City SEATTLE	State WA	
Purpose of Disbursement CONNELLY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 10.97
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5734
City SEATTLE	State WA	
Purpose of Disbursement CONNELLY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 15.13
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STARBUCKS		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5754
City SEATTLE	State WA	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 4.92
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STARBUCKS		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5743
City SEATTLE	State WA	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 8.40
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STARBUCKS		Date of Disbursement MM / DD / YYYY 09 / 22 / 2015
Mailing Address 2401 UTAH AVE S		Transaction ID : SB23.5744
City SEATTLE	State WA	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 11.07
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STATE CENTER LOCKER		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address PO BOX 781		Transaction ID : SB23.5758
City STATE CENTER	State IA	
Purpose of Disbursement BURT 9/9 REIMBURSEMENT: EVENT CATERING		Amount of Each Disbursement this Period 223.88
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. MARK STEPHENSON		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6794
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 7984.29
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARK STEPHENSON		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6795
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8736.42	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. MARK STEPHENSON		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7021
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 733.72	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. MARK STEPHENSON		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6796
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8237.28	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 733.72

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MARK STEPHENSON		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6797
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8246.94	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. MARK STEPHENSON		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6798
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8237.28	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MARK STEPHENSON		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6799
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3803.43	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2501 / 2684		
	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
	<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STRATEGIC MARKETING & MAILING INC.		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015	
Mailing Address PO BOX 6013		Transaction ID : SB23.5760	
City CHAMPAIGN	State IL	Zip Code 61826	Amount of Each Disbursement this Period 50559.35
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. STRATEGIC MARKETING & MAILING INC.		Date of Disbursement MM / DD / YYYY 07 / 10 / 2015	
Mailing Address PO BOX 6013		Transaction ID : SB23.5761	
City CHAMPAIGN	State IL	Zip Code 61826	Amount of Each Disbursement this Period 46937.00
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. STRATEGIC MARKETING & MAILING INC.		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015	
Mailing Address PO BOX 6013		Transaction ID : SB23.5762	
City CHAMPAIGN	State IL	Zip Code 61826	Amount of Each Disbursement this Period 99907.75
Purpose of Disbursement DIRECT MAIL PRINTING AND POSTAGE	Category/Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Subtotal Of Receipts This Page (optional).....	197404.10
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)

A. STRATEGIC MARKETING & MAILING INC.

Mailing Address PO BOX 6013

City CHAMPAIGN State IL Zip Code 61826

Purpose of Disbursement
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	1	5

Transaction ID : SB23.5763

Amount of Each Disbursement this Period

1	5	2	1	3	7	.	8	0
---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. STRATEGIC MARKETING & MAILING INC.

Mailing Address PO BOX 6013

City CHAMPAIGN State IL Zip Code 61826

Purpose of Disbursement
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	1	5

Transaction ID : SB23.5764

Amount of Each Disbursement this Period

1	1	0	2	7	8	.	0	7
---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. STRATEGIC MARKETING & MAILING INC.

Mailing Address PO BOX 6013

City CHAMPAIGN State IL Zip Code 61826

Purpose of Disbursement
DIRECT MAIL PRINTING AND POSTAGE

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

Transaction ID : SB23.5765

Amount of Each Disbursement this Period

1	2	7	6	7	4	.	6	3
---	---	---	---	---	---	---	---	---

Subtotal Of Receipts This Page (optional)..... 390090.50

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5769
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="13755.39"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5770
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="15.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5771
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="15.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5772
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5773
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 15.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5774
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	Candidate Name	Amount of Each Disbursement this Period 255.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 285.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5775
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	Zip Code 20045	Amount of Each Disbursement this Period 15.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5776
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	Zip Code 20045	Amount of Each Disbursement this Period 30.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5777
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	Zip Code 20045	Amount of Each Disbursement this Period 43620.54
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 43665.54

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5778
City WASHINGTON State DC Zip Code 20045	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 45.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5779
City WASHINGTON State DC Zip Code 20045	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 45.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5780
City WASHINGTON State DC Zip Code 20045	Purpose of Disbursement MERCHANT FEES	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 75.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....➔ 165.00

Total This Period (last page this line number only).....➔

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5781
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="60.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5782
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="30.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5783
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="15.00"/>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. STRIPE		Date of Disbursement MM / DD / YYYY 09 / 21 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5784
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	Zip Code 20045	Amount of Each Disbursement this Period 14839.55
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. STRIPE		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5785
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	Zip Code 20045	Amount of Each Disbursement this Period 75.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. STRIPE		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.5786
City WASHINGTON	State DC	
Purpose of Disbursement MERCHANT FEES	Zip Code 20045	Amount of Each Disbursement this Period 14.80
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 14929.35

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASHLEE A STRONG		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6801
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 5655.82	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ASHLEE A STRONG		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6802
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6848.53	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ASHLEE A STRONG		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6803
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 6858.18	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASHLEE A STRONG		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6804
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 6848.53
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. ASHLEE A STRONG		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6805
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 6858.18
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ASHLEE A STRONG		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6806
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 6848.53
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ASHLEE A STRONG		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6807
City MADISON	State WI	
Zip Code 53704		Amount of Each Disbursement this Period 3245.14
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. STUART & ASSOCIATES		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 15919 INDUSTRIAL PKWY		Transaction ID : SB23.5788
City CLEVELAND	State OH	
Zip Code 44135		Amount of Each Disbursement this Period 30191.50
Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. STUART & ASSOCIATES		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 15919 INDUSTRIAL PKWY		Transaction ID : SB23.5789
City CLEVELAND	State OH	
Zip Code 44135		Amount of Each Disbursement this Period 18343.60
Purpose of Disbursement CAMPAIGN PROMOTIONAL ITEMS		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 48535.10

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. STUART & ASSOCIATES

Mailing Address 15919 INDUSTRIAL PKWY

City CLEVELAND State OH Zip Code 44135

Purpose of Disbursement
CAMPAIGN PROMOTIONAL ITEMS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 19 / 2015

Transaction ID : **SB23.5790**

Amount of Each Disbursement this Period
1768.10

Category/Type

Full Name (Last, First, Middle Initial)
B. STUART & ASSOCIATES

Mailing Address 15919 INDUSTRIAL PKWY

City CLEVELAND State OH Zip Code 44135

Purpose of Disbursement
CAMPAIGN PROMOTIONAL ITEMS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 24 / 2015

Transaction ID : **SB23.5791**

Amount of Each Disbursement this Period
5981.12

Category/Type

Full Name (Last, First, Middle Initial)
C. STUDIO GEAR LLC

Mailing Address 511 E CHICAGO ST

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 28 / 2015

Transaction ID : **SB23.5793**

Amount of Each Disbursement this Period
200.45

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **7749.22**

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SUBWAY		Date of Disbursement MM / DD / YYYY 06 / 19 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5796
City MILFORD	State CT	
Purpose of Disbursement EVENSON 07/22 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 16.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SUBWAY		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5797
City MILFORD	State CT	
Purpose of Disbursement EVENSON 07/22 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 26.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SUBWAY		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5820
City MILFORD	State CT	
Purpose of Disbursement MATEJOV 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 49.55
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SUBWAY		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5815
City MILFORD	State CT	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 30.92
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SUBWAY		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5823
City MILFORD	State CT	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.46
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SUBWAY		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5821
City MILFORD	State CT	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 29.64
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SUBWAY		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5798
City MILFORD	State CT	
Purpose of Disbursement EVENSON 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 9.81
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SUBWAY		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5799
City MILFORD	State CT	
Purpose of Disbursement EVENSON 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 21.72
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SUBWAY		Date of Disbursement MM / DD / YYYY 07 / 25 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5816
City MILFORD	State CT	
Purpose of Disbursement HIGGINS 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 27.90
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SUBWAY		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5800
City MILFORD	State CT	
Purpose of Disbursement EVENSON 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.26
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SUBWAY		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5801
City MILFORD	State CT	
Purpose of Disbursement EVENSON 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 4.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SUBWAY		Date of Disbursement MM / DD / YYYY 08 / 02 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5802
City MILFORD	State CT	
Purpose of Disbursement EVENSON 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 23.63
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SUBWAY		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5803
City MILFORD	State CT	
Purpose of Disbursement EVENSON 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.65
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SUBWAY		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5804
City MILFORD	State CT	
Purpose of Disbursement EVENSON 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 12.95
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SUBWAY		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5824
City MILFORD	State CT	
Purpose of Disbursement SMITH 9/9 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 62.24
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SUBWAY		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5810
City MILFORD	State CT	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 37.29
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5805
City MILFORD	State CT	
Purpose of Disbursement EVENSON 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 24.62
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 07 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5806
City MILFORD	State CT	
Purpose of Disbursement EVENSON 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 28.43
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 07 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5811
City MILFORD	State CT	
Purpose of Disbursement GROTH 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 8.25
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5795
City MILFORD	State CT	
Purpose of Disbursement CONNELLY 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 18.49
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5807
City MILFORD	State CT	
Purpose of Disbursement EVENSON 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 14.56
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5808
City MILFORD	State CT	
Purpose of Disbursement EVENSON 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 34.19
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5814
City MILFORD	State CT	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 4.52
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5817
City MILFORD	State CT	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 19.11
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 10 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5818
City MILFORD	State CT	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 13.87
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5812
City MILFORD	State CT	
Purpose of Disbursement GROTH 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.90
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5813
City MILFORD	State CT	
Purpose of Disbursement GROTH 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 7.76
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 13 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5809
City MILFORD	State CT	
Purpose of Disbursement EVENSON 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 25.04
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 19 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5819
City MILFORD	State CT	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 6.59
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. SUBWAY		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 325 BIC DR		Transaction ID : SB23.5822
City MILFORD	State CT	
Purpose of Disbursement PETERSON 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 3.97
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... **0.00**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. SURG EVENTS

Mailing Address 102 N WATER STREET

City MILWAUKEE State WI Zip Code 53202

Purpose of Disbursement
EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 07 / 2015

Transaction ID : **SB23.5826**

Amount of Each Disbursement this Period
5389.31

Category/Type

Full Name (Last, First, Middle Initial)
B. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement
GALLATIN 09/09 REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 06 / 2015

Transaction ID : **SB23.5829**

Amount of Each Disbursement this Period
17.05

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. TARGET

Mailing Address 1000 NICOLLET MALL

City MINNEAPOLIS State MN Zip Code 55403

Purpose of Disbursement
WAGAR 9/9 RIEMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB23.5831**

Amount of Each Disbursement this Period
40.81

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **5389.31**

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. TARGET		Date of Disbursement MM / DD / YYYY 09 / 16 / 2015
Mailing Address 1000 NICOLLET MALL		Transaction ID : SB23.5830
City MINNEAPOLIS State MN Zip Code 55403	Amount of Each Disbursement this Period 81.12	
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: OFFICE SUPPLIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. TARGET		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 1000 NICOLLET MALL		Transaction ID : SB23.5828
City MINNEAPOLIS State MN Zip Code 55403	Amount of Each Disbursement this Period 46.69	
Purpose of Disbursement BERUBE 09/24 REIMBURSEMENT: OFFICE EQUIPMENT PURCHASE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. TARGETED VICTORY		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 1033 N FAIRFAX STREET #40		Transaction ID : SB23.5833
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 70745.84	
Purpose of Disbursement REVENUE SHARE & FEES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... **70745.84**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. TDS		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address PO BOX 94510		Transaction ID : SB23.5835
City PALATINE	State IL	
Purpose of Disbursement INTERNET/TELEPHONE SERVICES	Category/ Type	Amount of Each Disbursement this Period 15338.08
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. TEX TUBB'S TACO PALACE		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 2009 ATWOOD AVE		Transaction ID : SB23.5837
City MADISON	State WI	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: MEETING EXPENSE: MEALS	Category/ Type	Amount of Each Disbursement this Period 205.51
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. THE COMMON MAN INN		Date of Disbursement MM / DD / YYYY 09 / 07 / 2015
Mailing Address 231 MAIN ST.		Transaction ID : SB23.5839
City PLYMOUTH	State NH	
Purpose of Disbursement NEITZEL 09/17 REIMBURSEMENT: TRAVEL: LODGING	Category/ Type	Amount of Each Disbursement this Period 2467.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 15338.08

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. THE CONCEPT WORKS INC.		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1001 OFFICE PARK ROAD #119		Transaction ID : SB23.5841
City WEST DES MOINES	State IA	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Candidate Name	Amount of Each Disbursement this Period 7988.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 2455 PACES FERRY ROAD NW		Transaction ID : SB23.5843
City ATLANTA	State GA	
Purpose of Disbursement AMEX 07/22 PMT: EVENT STAGING EXPENSE	Candidate Name	Amount of Each Disbursement this Period 22.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT		Date of Disbursement MM / DD / YYYY 07 / 12 / 2015
Mailing Address 2455 PACES FERRY ROAD NW		Transaction ID : SB23.5849
City ATLANTA	State GA	
Purpose of Disbursement WETZEL 08/07 REIMBURSEMENT: EVENT STAGING EXPENSE	Candidate Name	Amount of Each Disbursement this Period 81.16
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____	Category/Type	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 7988.34

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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. THE HOME DEPOT		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 2455 PACES FERRY ROAD NW		Transaction ID : SB23.5846
City ATLANTA State GA Zip Code 30339	Amount of Each Disbursement this Period 96.49	
Purpose of Disbursement NEITZEL 08/07 REIMBURSEMENT: EVENT STAGING EXPENSE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. THE HOME DEPOT		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 2455 PACES FERRY ROAD NW		Transaction ID : SB23.5844
City ATLANTA State GA Zip Code 30339	Amount of Each Disbursement this Period 21.62	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: OFFICE SUPPLIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 2455 PACES FERRY ROAD NW		Transaction ID : SB23.5848
City ATLANTA State GA Zip Code 30339	Amount of Each Disbursement this Period 21.61	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: EVENT STAGING EXPENSE	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. THE HOME DEPOT

Mailing Address 2455 PACES FERRY ROAD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement
NEITZEL 08/07 REIMBURSEMENT: EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 06 / 2015

Transaction ID : **SB23.5847**

Amount of Each Disbursement this Period
28.79

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. THE HOME DEPOT

Mailing Address 2455 PACES FERRY ROAD NW

City ATLANTA State GA Zip Code 30339

Purpose of Disbursement
GALLATIN 09/09 REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 23 / 2015

Transaction ID : **SB23.5845**

Amount of Each Disbursement this Period
43.62

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. THE LODGE AT MANITOWISH WATERS

Mailing Address 13859 ILG ROAD

City MANITOWISH WATERS State WI Zip Code 54545

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 24 / 2015

Transaction ID : **SB23.5851**

Amount of Each Disbursement this Period
137.49

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. THE LODGE AT MANITOWISH WATERS		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 13859 ILG ROAD		Transaction ID : SB23.5852
City MANITOWISH WATERS	State WI	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: LODGING		Amount of Each Disbursement this Period 35614.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. THE PARK CENTRAL SAN FRANCISCO		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 50 THIRD ST		Transaction ID : SB23.5854
City SAN FRANCISCO	State CA	
Purpose of Disbursement OCZKOWSKI 08/07 REIMBURSEMENT: TRAVEL: LODGING		Amount of Each Disbursement this Period 963.27
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. THE TARRANCE GROUP INC.		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 201 N UNION STREET #410		Transaction ID : SB23.5856
City ALEXANDRIA	State VA	
Purpose of Disbursement STRATEGY CONSULTING		Amount of Each Disbursement this Period 35614.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 35614.20

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. THE UNION LEAGUE CLUB

Mailing Address **38 EAST 37TH STREET**

City **NEW YORK** State **NY** Zip Code **10016**

Purpose of Disbursement
FACILITY RENTAL/CATERING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
09 / 03 / 2015

Transaction ID : SB23.5857

Amount of Each Disbursement this Period
4402.96

Category/Type

Full Name (Last, First, Middle Initial)
B. THE WESTIN COPLEY PLACE

Mailing Address **10 HUNTINGTON AVE**

City **BOSTON** State **MA** Zip Code **02116**

Purpose of Disbursement
WOOD 08/07 REIMBURSEMENT: EVENT STAGING EXPENSE

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 16 / 2015

Transaction ID : SB23.5859

Amount of Each Disbursement this Period
7576.42

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. REAGAN P THOMPSON

Mailing Address **1802 PANKRATZ STREET**

City **MADISON** State **WI** Zip Code **53704**

Purpose of Disbursement
INSPIRITY 07/15 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 15 / 2015

Transaction ID : SB23.6809

Amount of Each Disbursement this Period
3017.55

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 4402.96

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. REAGAN P THOMPSON

Full Name (Last, First, Middle Initial)
Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2015

Transaction ID : SB23.6810

Amount of Each Disbursement this Period: 3036.77

[MEMO ITEM]

B. REAGAN P THOMPSON

Full Name (Last, First, Middle Initial)
Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2015

Transaction ID : SB23.6811

Amount of Each Disbursement this Period: 3024.11

[MEMO ITEM]

C. REAGAN P THOMPSON

Full Name (Last, First, Middle Initial)
Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2015

Transaction ID : SB23.6812

Amount of Each Disbursement this Period: 3021.77

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. REAGAN P THOMPSON		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6813
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3012.11
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. REAGAN P THOMPSON		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6814
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1391.93
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. TODD ENGLISH		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 2221 RICHARD ARRINGTON JR BLVD. N.		Transaction ID : SB23.5862
City BIRMINGHAM	State AL	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 20.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. TODD ENGLISH		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 2221 RICHARD ARRINGTON JR BLVD. N.		Transaction ID : SB23.5861
City BIRMINGHAM	State AL	
Purpose of Disbursement EVENSON 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 300.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. TOWN OF PETERBOROUGH		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1 GROVE STREET		Transaction ID : SB23.5864
City PETERBOROUGH	State NH	
Purpose of Disbursement FACILITY RENTAL		Amount of Each Disbursement this Period 1540.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. TRANSAXT		Date of Disbursement MM / DD / YYYY 06 / 18 / 2015
Mailing Address 190 MONROE AVENUE NW #500		Transaction ID : SB23.5866
City GRAND RAPIDS	State MI	
Purpose of Disbursement REVENUE SHARE & FEES		Amount of Each Disbursement this Period 10522.95
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 12062.95

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. TRANSAXT		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 190 MONROE AVENUE NW #500		Transaction ID : SB23.5867
City GRAND RAPIDS State MI Zip Code 49503	Amount of Each Disbursement this Period 9829.33	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TRANSAXT		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 190 MONROE AVENUE NW #500		Transaction ID : SB23.5868
City GRAND RAPIDS State MI Zip Code 49503	Amount of Each Disbursement this Period 28559.27	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TRANSAXT		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 190 MONROE AVENUE NW #500		Transaction ID : SB23.5869
City GRAND RAPIDS State MI Zip Code 49503	Amount of Each Disbursement this Period 4724.50	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 43113.10

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. TRANSAXT		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 190 MONROE AVENUE NW #500		Transaction ID : SB23.5870
City GRAND RAPIDS State MI Zip Code 49503	Amount of Each Disbursement this Period 5001.83	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TRANSAXT		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 190 MONROE AVENUE NW #500		Transaction ID : SB23.5871
City GRAND RAPIDS State MI Zip Code 49503	Amount of Each Disbursement this Period 3128.03	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TRANSAXT		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 190 MONROE AVENUE NW #500		Transaction ID : SB23.5872
City GRAND RAPIDS State MI Zip Code 49503	Amount of Each Disbursement this Period 196320.29	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 204450.15

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. TRANSAXT		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 190 MONROE AVENUE NW #500		Transaction ID : SB23.5873
City GRAND RAPIDS State MI Zip Code 49503	Amount of Each Disbursement this Period 45.32	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TRANSAXT		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 190 MONROE AVENUE NW #500		Transaction ID : SB23.5874
City GRAND RAPIDS State MI Zip Code 49503	Amount of Each Disbursement this Period 3805.00	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TRANSAXT		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 190 MONROE AVENUE NW #500		Transaction ID : SB23.5875
City GRAND RAPIDS State MI Zip Code 49503	Amount of Each Disbursement this Period 8509.94	
Purpose of Disbursement REVENUE SHARE & FEES	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 12360.26

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. TRANSAXT

Mailing Address 190 MONROE AVENUE NW #500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement REVENUE SHARE & FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB23.5876

Amount of Each Disbursement this Period: 301.79

Category/Type

Full Name (Last, First, Middle Initial)
B. TRANSAXT

Mailing Address 190 MONROE AVENUE NW #500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement REVENUE SHARE & FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 11 / 2015

Transaction ID : SB23.5877

Amount of Each Disbursement this Period: 224.74

Category/Type

Full Name (Last, First, Middle Initial)
C. TRANSAXT

Mailing Address 190 MONROE AVENUE NW #500

City GRAND RAPIDS State MI Zip Code 49503

Purpose of Disbursement REVENUE SHARE & FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
09 / 28 / 2015

Transaction ID : SB23.5878

Amount of Each Disbursement this Period: 581.35

Category/Type

Subtotal Of Receipts This Page (optional)..... 1107.88

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. KAREN TURK		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 4641 INGRAHAM STREET		Transaction ID : SB23.7049
City SAN DIEGO	State CA	
Zip Code 92109		
Purpose of Disbursement IN-KIND: CATERING SERVICES	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="1922.40"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. TUSK PRODUCTIONS LLC		Date of Disbursement MM / DD / YYYY 09 / 16 / 2015
Mailing Address 38 LAKEWOOD DRIVE		Transaction ID : SB23.5880
City DENVILLE	State NJ	
Zip Code 07834		
Purpose of Disbursement FUNDRAISING CONSULTING	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="5072.00"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. TVEYES INC.		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1150 POST ROAD		Transaction ID : SB23.5882
City FAIRFIELD	State CT	
Zip Code 06824		
Purpose of Disbursement RESEARCH FEE	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="3600.00"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. TWITTER INC.

Mailing Address 1355 MARKET STREET #900

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 19 / 2015

Transaction ID : **SB23.5884**

Amount of Each Disbursement this Period
9271.12

Category/Type

Full Name (Last, First, Middle Initial)
B. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
WILEY 07/22 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 22 / 2015

Transaction ID : **SB23.5906**

Amount of Each Disbursement this Period
29.00

Category/Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. UBER

Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103

Purpose of Disbursement
WILEY 07/22 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 22 / 2015

Transaction ID : **SB23.5907**

Amount of Each Disbursement this Period
41.41

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 9271.12

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5886
City SAN FRANCISCO	State CA	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 22.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5904
City SAN FRANCISCO	State CA	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 22.28
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5887
City SAN FRANCISCO	State CA	
Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 24.19
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5888
City SAN FRANCISCO	State CA	
Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 8.90
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5889
City SAN FRANCISCO	State CA	
Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 10.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5890
City SAN FRANCISCO	State CA	
Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 10.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5891
City SAN FRANCISCO	State CA	
Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 6.19
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5908
City SAN FRANCISCO	State CA	
Purpose of Disbursement WILEY 08/25 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 78.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5909
City SAN FRANCISCO	State CA	
Purpose of Disbursement WILEY 08/25 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 90.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5892
City SAN FRANCISCO	State CA	
Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 35.89
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5893
City SAN FRANCISCO	State CA	
Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 9.55
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5894
City SAN FRANCISCO	State CA	
Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 26.76
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5910
City SAN FRANCISCO	State CA	
Purpose of Disbursement WILEY 08/25 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 0.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5895
City SAN FRANCISCO	State CA	
Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 15.02
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5896
City SAN FRANCISCO	State CA	
Purpose of Disbursement BREMBERG 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 10.55
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 08 / 03 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5899
City SAN FRANCISCO	State CA	
Purpose of Disbursement GALLAGHER 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 59.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5900
City SAN FRANCISCO	State CA	
Purpose of Disbursement GALLAGHER 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 64.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5901
City SAN FRANCISCO	State CA	
Purpose of Disbursement GALLAGHER 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 20.76
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5902
City SAN FRANCISCO	State CA	
Purpose of Disbursement GALLAGHER 08/07 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 19.69
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 08 / 15 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5905
City SAN FRANCISCO	State CA	
Purpose of Disbursement WACLAWSKI 09/09 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 52.52
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5897
City SAN FRANCISCO	State CA	
Purpose of Disbursement DAY 09/24 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 8.15
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5898
City SAN FRANCISCO	State CA	
Purpose of Disbursement DAY 09/24 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 36.17
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UBER		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5911
City SAN FRANCISCO	State CA	
Purpose of Disbursement WOOD 09/09 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 47.04
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement MM / DD / YYYY 09 / 08 / 2015
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5903
City SAN FRANCISCO	State CA	
Purpose of Disbursement HIGGINS 09/24 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 8.55
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UBER		Date of Disbursement MM / DD / YYYY 08 / 26 / 2025
Mailing Address 1455 MARKET ST		Transaction ID : SB23.5912
City SAN FRANCISCO	State CA	
Purpose of Disbursement VAJDICH 9/24 REIMBURSEMENT: TRAVEL: GROUND TRANSPORTATION		Amount of Each Disbursement this Period 46.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UBER CONFERENCE		Date of Disbursement MM / DD / YYYY 06 / 18 / 2015
Mailing Address 275 SACRAMENTO ST 4TH FLOOR		Transaction ID : SB23.5914
City SAN FRANCISCO	State CA	
Purpose of Disbursement EAGER 07/22 REIMBURSEMENT: CONFERENCE CALLS		Amount of Each Disbursement this Period 120.34
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UBER CONFERENCE		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 275 SACRAMENTO ST 4TH FLOOR		Transaction ID : SB23.5915
City SAN FRANCISCO	State CA	
Purpose of Disbursement EAGER 07/28 REIMBURSEMENT: CONFERENCE CALLS		Amount of Each Disbursement this Period 414.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UBERCONFERENCE		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 275 SACRAMENTO ST 4TH FLOOR		Transaction ID : SB23.5917
City SAN FRANCISCO	State CA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: CONFERENCE CALLS		Amount of Each Disbursement this Period 526.51
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5919
City CHICAGO	State IL	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 19.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5920
City CHICAGO	State IL	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 25.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 06 / 26 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5921
City CHICAGO	State IL	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 405.20
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5922
City CHICAGO	State IL	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 689.20
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5923
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 17.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5924
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 19.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5925
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 19.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5926
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 19.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 07 / 2015

Transaction ID : **SB23.5927**

Amount of Each Disbursement this Period
19.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 07 / 2015

Transaction ID : **SB23.5928**

Amount of Each Disbursement this Period
355.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 07 / 2015

Transaction ID : **SB23.5929**

Amount of Each Disbursement this Period
355.60

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5930
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 355.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5931
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 355.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5932
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 355.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB23.5933**

Amount of Each Disbursement this Period
19.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB23.5934**

Amount of Each Disbursement this Period
19.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 07 / 2015

Transaction ID : **SB23.5935**

Amount of Each Disbursement this Period
19.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5936
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 19.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5937
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 246.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5938
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 268.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5939
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 268.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5940
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 207.65	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5941
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 268.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... →

Total This Period (last page this line number only)..... →

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5942
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 268.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5943
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 268.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5944
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 536.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5945
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 69.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5946
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 69.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5947
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 69.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5948
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 62.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5949
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 200.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5950
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 50.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5951
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 471.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5952
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 471.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5953
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 471.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5954
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 471.60	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5955
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 471.60	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5956
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 541.60	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5957
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 507.20	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5958
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 66.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5959
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 617.20	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional).....→ 0.00

Total This Period (last page this line number only).....→

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5975
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 374.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5976
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 96.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5960
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period -69.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5961
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period -69.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5962
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period -69.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5963
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period -66.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5964
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period -62.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5965
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period -19.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5966
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 434.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td><td>/</td><td>D D</td><td>/</td><td>Y Y Y Y</td> </tr> <tr> <td>07</td><td></td><td>24</td><td></td><td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		24		2015
M M	/	D D	/	Y Y Y Y								
07		24		2015								
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5977										
City CHICAGO	State IL		Zip Code 60606									
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>200.00</td> </tr> </table>	200.00									
200.00												
Candidate Name		[MEMO ITEM]										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State:	District:											

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td><td>/</td><td>D D</td><td>/</td><td>Y Y Y Y</td> </tr> <tr> <td>07</td><td></td><td>24</td><td></td><td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		24		2015
M M	/	D D	/	Y Y Y Y								
07		24		2015								
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5978										
City CHICAGO	State IL		Zip Code 60606									
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>200.00</td> </tr> </table>	200.00									
200.00												
Candidate Name		[MEMO ITEM]										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State:	District:											

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement <table border="1" style="width:100%; text-align: center;"> <tr> <td>M M</td><td>/</td><td>D D</td><td>/</td><td>Y Y Y Y</td> </tr> <tr> <td>07</td><td></td><td>24</td><td></td><td>2015</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	07		24		2015
M M	/	D D	/	Y Y Y Y								
07		24		2015								
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5979										
City CHICAGO	State IL		Zip Code 60606									
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period <table border="1" style="width:100%; text-align: right;"> <tr> <td>200.00</td> </tr> </table>	200.00									
200.00												
Candidate Name		[MEMO ITEM]										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼											
State:	District:											

Subtotal Of Receipts This Page (optional).....

0.00

Total This Period (last page this line number only).....

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5980
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 200.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 26 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6034
City CHICAGO	State IL	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 25.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5967
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 4.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5968
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 200.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5969
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 200.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5981
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 362.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5982
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 362.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5983
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 362.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 28 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5984
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 362.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5985
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 634.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5986
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 594.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5987
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 19.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 30 / 2015

Transaction ID : SB23.6035

Amount of Each Disbursement this Period: 218.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
07 / 31 / 2015

Transaction ID : SB23.5970

Amount of Each Disbursement this Period: 634.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
08 / 04 / 2015

Transaction ID : SB23.5988

Amount of Each Disbursement this Period: 543.20

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
08 / 04 / 2015

Transaction ID : SB23.5989

Amount of Each Disbursement this Period
311.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
08 / 05 / 2015

Transaction ID : SB23.5971

Amount of Each Disbursement this Period
296.20

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
08 / 05 / 2015

Transaction ID : SB23.5972

Amount of Each Disbursement this Period
296.20

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5973
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 746.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5990
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 727.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5991
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 24.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 06 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5992
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 26.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 09 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6036
City CHICAGO	State IL	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 25.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5993
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 148.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5994
City CHICAGO State IL Zip Code 60606	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 148.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5995
City CHICAGO State IL Zip Code 60606	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 543.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5996
City CHICAGO State IL Zip Code 60606	Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 54.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 10 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5997
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 52.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5974
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 608.70	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.5998
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 359.60	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB23.5999**

Amount of Each Disbursement this Period
89.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 14 / 2015

Transaction ID : **SB23.6000**

Amount of Each Disbursement this Period
23.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 16 / 2015

Transaction ID : **SB23.6001**

Amount of Each Disbursement this Period
217.60

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6002
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 279.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6003
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 279.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6004
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 279.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6005
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 279.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6006
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 17 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6007
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 39.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6008
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 319.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6009
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 319.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6010
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 32.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6011
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 200.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6012
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 200.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6013
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 200.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 20 / 2015

Transaction ID : **SB23.6014**

Amount of Each Disbursement this Period
200.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 20 / 2015

Transaction ID : **SB23.6015**

Amount of Each Disbursement this Period
200.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 20 / 2015

Transaction ID : **SB23.6016**

Amount of Each Disbursement this Period
200.10

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6017
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 200.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6018
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 200.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6019
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 200.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 22 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6020
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period -200.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 22 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6021
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 608.70
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6022
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 59.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6023
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 465.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6024
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 465.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6025
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 47.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6026
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 465.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6027
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 56.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6028
City CHICAGO State IL Zip Code 60606	Amount of Each Disbursement this Period 26.00	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

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(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 24 / 2015

Transaction ID : **SB23.6029**

Amount of Each Disbursement this Period
467.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 24 / 2015

Transaction ID : **SB23.6030**

Amount of Each Disbursement this Period
465.10

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 24 / 2015

Transaction ID : **SB23.6031**

Amount of Each Disbursement this Period
59.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6032
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 465.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 24 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6033
City CHICAGO	State IL	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 465.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6037
City CHICAGO	State IL	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 573.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6038
City CHICAGO	State IL	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 409.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 27 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6042
City CHICAGO	State IL	
Purpose of Disbursement OCZKOWSKI 9/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 500.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6039
City CHICAGO	State IL	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 200.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 08 / 31 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6040
City CHICAGO	State IL	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 324.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. UNITED AIRLINES		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 233 SOUTH WACKER DRIVE		Transaction ID : SB23.6041
City CHICAGO	State IL	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 423.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 05 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6044
City PHEONIX	State AZ	
Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 484.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. US AIRWAYS

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement AMEX 07/22 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 06 / 05 / 2015

Transaction ID : SB23.6045

Amount of Each Disbursement this Period: 484.10

[MEMO ITEM]

B. US AIRWAYS

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 06 / 18 / 2015

Transaction ID : SB23.6147

Amount of Each Disbursement this Period: 753.50

[MEMO ITEM]

C. US AIRWAYS

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 06 / 23 / 2015

Transaction ID : SB23.6148

Amount of Each Disbursement this Period: 198.10

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 25 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6149
City PHEONIX	State AZ	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 332.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6150
City PHEONIX	State AZ	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 542.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6151
City PHEONIX	State AZ	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 521.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 03 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6046
City PHEONIX	State AZ	
Purpose of Disbursement AMEX 08/19 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 181.60
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6047
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 344.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6048
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 462.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6049
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 610.70
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 07 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6050
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 366.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6051
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 658.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6052
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 658.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6053
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 658.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6054
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR		Amount of Each Disbursement this Period 658.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6055
City PHEONIX State AZ Zip Code 85043	Amount of Each Disbursement this Period 658.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6157
City PHEONIX State AZ Zip Code 85043	Amount of Each Disbursement this Period 210.00	
Purpose of Disbursement SMITH 08/07 REIMBURSEMENT: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6056
City PHEONIX State AZ Zip Code 85043	Amount of Each Disbursement this Period 190.10	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6057
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 560.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6058
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 336.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6059
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 336.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6060
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 336.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6061
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 271.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6062
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 271.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 17 / 2015

Transaction ID : **SB23.6063**

Amount of Each Disbursement this Period
18.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 17 / 2015

Transaction ID : **SB23.6064**

Amount of Each Disbursement this Period
29.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 17 / 2015

Transaction ID : **SB23.6065**

Amount of Each Disbursement this Period
49.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6066
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6067
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6068
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6069
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 0.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 17 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6070
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: AIR		Amount of Each Disbursement this Period 49.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 20 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6152
City PHEONIX	State AZ	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 173.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6071
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 49.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6072
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 49.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6073
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 49.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6074
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 9,999.99 49.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6075
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 9,999.99 200.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6076
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 9,999.99 777.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6077
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 777.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6078
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 777.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6079
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 777.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 23 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6080
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 777.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6081
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 26.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 27 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6082
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 22.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6083
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 679.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6084
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 49.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6085
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 49.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6086
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 49.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6087
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 49.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6088
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 477.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6089
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 477.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6090
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 477.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6091
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 477.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2609 / 2684

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6153
City PHEONIX	State AZ Zip Code 85043	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 140.10
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6092
City PHEONIX	State AZ Zip Code 85043	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 380.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 04 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6093
City PHEONIX	State AZ Zip Code 85043	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR	Category/Type	Amount of Each Disbursement this Period 380.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Disbursement For: 2016
 Senate Primary General
 President Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 05 / 2015

Transaction ID : **SB23.6094**

Amount of Each Disbursement this Period
49.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Disbursement For: 2016
 Senate Primary General
 President Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 05 / 2015

Transaction ID : **SB23.6095**

Amount of Each Disbursement this Period
477.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Disbursement For: 2016
 Senate Primary General
 President Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 05 / 2015

Transaction ID : **SB23.6096**

Amount of Each Disbursement this Period
-49.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... → 0.00

Total This Period (last page this line number only)..... →

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. US AIRWAYS

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 08 / 2015

Transaction ID : SB23.6154

Amount of Each Disbursement this Period: 511.60

[MEMO ITEM]

B. US AIRWAYS

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 11 / 2015

Transaction ID : SB23.6097

Amount of Each Disbursement this Period: 49.00

[MEMO ITEM]

C. US AIRWAYS

Full Name (Last, First, Middle Initial)

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 11 / 2015

Transaction ID : SB23.6098

Amount of Each Disbursement this Period: 49.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 11 / 2015

Transaction ID : **SB23.6099**

Amount of Each Disbursement this Period
22.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 11 / 2015

Transaction ID : **SB23.6100**

Amount of Each Disbursement this Period
22.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 11 / 2015

Transaction ID : **SB23.6101**

Amount of Each Disbursement this Period
22.00

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6102
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 311.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6103
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 311.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6104
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 311.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 11 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6105
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 9,999.99 590.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6106
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 9,999.99 338.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6107
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 9,999.99 338.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6108
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6109
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6110
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6111
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6112
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6113
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6114
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 29.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6115
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 29.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6116
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 444.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional).....	0.00
Total This Period (last page this line number only).....	

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6117
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 444.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6118
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 444.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6119
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 444.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6120
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6121
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6122
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6123
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 22.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6124
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 273.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6125
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 37.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6126
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 18.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6127
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 22.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6128
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 263.60
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6129
City PHEONIX	State AZ Zip Code 85043	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 223.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6130
City PHEONIX	State AZ Zip Code 85043	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 18.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6131
City PHEONIX	State AZ Zip Code 85043	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 223.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6132
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6133
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6134
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6135
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 223.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6136
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 18.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6137
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 223.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6138
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 238.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6139
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 18.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6140
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 22.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6141
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 223.10
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6142
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 37.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6143
City PHEONIX	State AZ	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR		Amount of Each Disbursement this Period 18.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 19 / 2015

Transaction ID : **SB23.6144**

Amount of Each Disbursement this Period
22.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 19 / 2015

Transaction ID : **SB23.6145**

Amount of Each Disbursement this Period
263.60

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHEONIX State AZ Zip Code 85043

Purpose of Disbursement
DINERS CLUB MASTERCARD 09/08 PMT: TRAVEL: AIR

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 19 / 2015

Transaction ID : **SB23.6146**

Amount of Each Disbursement this Period
223.10

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6155
City PHEONIX	State AZ	
Zip Code 85043	Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: AIR	Amount of Each Disbursement this Period 231.10
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. US AIRWAYS		Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6158
City PHEONIX	State AZ	
Zip Code 85043	Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR	Amount of Each Disbursement this Period 255.10
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. US AIRWAYS		Date of Disbursement MM / DD / YYYY 09 / 05 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6156
City PHEONIX	State AZ	
Zip Code 85043	Purpose of Disbursement GALLATIN 09/24 REIMBURSEMENT: TRAVEL: AIR	Amount of Each Disbursement this Period 545.10
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. US AIRWAYS		Date of Disbursement MM / DD / YYYY 09 / 23 / 2015
Mailing Address 4000 E. SKY HARBOR BLVD		Transaction ID : SB23.6159
City PHEONIX	State AZ	
Purpose of Disbursement WILEY 09/24 REIMBURSEMENT: TRAVEL: AIR		Amount of Each Disbursement this Period 86.10
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6161
City WASHINGTON	State DC	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: POSTAGE		Amount of Each Disbursement this Period 8.52
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6162
City WASHINGTON	State DC	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: POSTAGE		Amount of Each Disbursement this Period 9.23
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 07 / 21 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6163
City WASHINGTON	State DC	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: POSTAGE	Zip Code 20260	Amount of Each Disbursement this Period 5.95
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 07 / 24 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6170
City WASHINGTON	State DC	
Purpose of Disbursement MARTIN 08/07 REIMBURSEMENT: POSTAGE	Zip Code 20260	Amount of Each Disbursement this Period 10.15
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 08 / 01 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6171
City WASHINGTON	State DC	
Purpose of Disbursement VETTER 09/24 REIMBURSEMENT: POSTAGE	Zip Code 20260	Amount of Each Disbursement this Period 5.95
Candidate Name	Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 08 / 12 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6167
City WASHINGTON	State DC	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: POSTAGE		Amount of Each Disbursement this Period 17.50
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6164
City WASHINGTON	State DC	
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 99.85
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 08 / 18 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6168
City WASHINGTON	State DC	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: POSTAGE		Amount of Each Disbursement this Period 21.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: _____	District: _____	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6165
City WASHINGTON	State DC	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: POSTAGE		Amount of Each Disbursement this Period 294.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 09 / 01 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6169
City WASHINGTON	State DC	
Purpose of Disbursement HIGGINS 09/09 REIMBURSEMENT: POSTAGE		Amount of Each Disbursement this Period 10.24
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 09 / 17 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6166
City WASHINGTON	State DC	
Purpose of Disbursement HAHN 09/24 REIMBURSEMENT: POSTAGE		Amount of Each Disbursement this Period 17.25
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. USPS PO BOXES		Date of Disbursement MM / DD / YYYY 08 / 14 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6174
City WASHINGTON	State DC	
Zip Code 20260		Amount of Each Disbursement this Period 155.00
Purpose of Disbursement DINERS CLUB MASTERCARD 08/19 PMT: FACILITY RENTAL		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. USPS PO BOXES		Date of Disbursement MM / DD / YYYY 08 / 20 / 2015
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.6173
City WASHINGTON	State DC	
Zip Code 20260		Amount of Each Disbursement this Period 208.00
Purpose of Disbursement FADNESS 9/9 REIMBURSEMENT: FACILITY RENTAL		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. DANIEL P VAJDICH		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6816
City MADISON	State WI	
Zip Code 53704		Amount of Each Disbursement this Period 2552.47
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DANIEL P VAJDICH		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6817
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3516.32	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DANIEL P VAJDICH		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6818
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3489.20	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. DANIEL P VAJDICH		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6819
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3500.07	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DANIEL P VAJDICH		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6820
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3475.45	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. DANIEL P VAJDICH		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6821
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1601.06	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address PO BOX 25505		Transaction ID : SB23.6176
City LEHIGH VALLEY State PA Zip Code 18002	Amount of Each Disbursement this Period 1347.90	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: MOBILE PHONE EXPENSE	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

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**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. VERIZON WIRELESS		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address PO BOX 25505		Transaction ID : SB23.6177
City LEHIGH VALLEY	State PA	
Purpose of Disbursement MOBILE PHONE EXPENSE	Category/ Type	Amount of Each Disbursement this Period 1462.79
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. VERIZON WIRELESS		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address PO BOX 25505		Transaction ID : SB23.6178
City LEHIGH VALLEY	State PA	
Purpose of Disbursement MOBILE PHONE EXPENSE	Category/ Type	Amount of Each Disbursement this Period 1433.60
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. SAM VETTER		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7026
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/ Type	Amount of Each Disbursement this Period 1340.79
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 4237.18

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. SAMUEL G VETTER		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6823
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1966.53
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. SAMUEL G VETTER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6824
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2172.11
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. SAMUEL G VETTER		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6825
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2162.45
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. SAMUEL G VETTER

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2015

Transaction ID : SB23.6826

Amount of Each Disbursement this Period: 2172.11

[MEMO ITEM]

B. SAMUEL G VETTER

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2015

Transaction ID : SB23.6827

Amount of Each Disbursement this Period: 2152.92

[MEMO ITEM]

C. SAMUEL G VETTER

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2015

Transaction ID : SB23.6828

Amount of Each Disbursement this Period: 994.65

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. VILLAGE GRAPHICS PRINTING LLC		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 108 W CAPITOL DRIVE		Transaction ID : SB23.6180
City HARTLAND	State WI	
Purpose of Disbursement PRINTING AND DESIGN SERVICES	Category/ Type	Amount of Each Disbursement this Period 498.86
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. VILLAGE GRAPHICS PRINTING LLC		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 108 W CAPITOL DRIVE		Transaction ID : SB23.6181
City HARTLAND	State WI	
Purpose of Disbursement PRINTING AND DESIGN SERVICES	Category/ Type	Amount of Each Disbursement this Period 3022.94
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) C. VILLAGE GRAPHICS PRINTING LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 108 W CAPITOL DRIVE		Transaction ID : SB23.6182
City HARTLAND	State WI	
Purpose of Disbursement PRINTING AND DESIGN SERVICES	Category/ Type	Amount of Each Disbursement this Period 4108.59
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Subtotal Of Receipts This Page (optional)..... 7630.39

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. VIZR INC.		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 259 TOPEKA AVENUE		Transaction ID : SB23.6184
City SAN FRANCISCO	State CA	
Purpose of Disbursement TECHNICAL SERVICES	Candidate Name	Amount of Each Disbursement this Period 7250.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. VIZR INC.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 259 TOPEKA AVENUE		Transaction ID : SB23.6185
City SAN FRANCISCO	State CA	
Purpose of Disbursement TECHNICAL SERVICES	Candidate Name	Amount of Each Disbursement this Period 14575.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Full Name (Last, First, Middle Initial) C. JONATHAN J WACLAWSKI		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1111 ORONOCO STREET		Transaction ID : SB23.6830
City ALEXANDRIA	State VA	
Purpose of Disbursement INSPIRITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	Amount of Each Disbursement this Period 7615.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: _____ District: _____		

Subtotal Of Receipts This Page (optional)..... 21825.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JONATHAN J WACLAWSKI		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1111 ORONOCO STREET		Transaction ID : SB23.6831
City ALEXANDRIA	State VA	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8344.17
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JONATHAN J WACLAWSKI		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1111 ORONOCO STREET		Transaction ID : SB23.6832
City ALEXANDRIA	State VA	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8368.78
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. JONATHAN J WACLAWSKI		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1111 ORONOCO STREET		Transaction ID : SB23.6833
City ALEXANDRIA	State VA	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8344.17
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JONATHAN J WACLAWSKI		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1111 ORONOCO STREET		Transaction ID : SB23.6834
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 8368.78	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) B. JONATHAN J WACLAWSKI		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1111 ORONOCO STREET		Transaction ID : SB23.7028
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 896.74	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Full Name (Last, First, Middle Initial) C. JONATHAN J WACLAWSKI		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1111 ORONOCO STREET		Transaction ID : SB23.6835
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 8344.17	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:		

Subtotal Of Receipts This Page (optional)..... 896.74

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JONATHAN J WACLAWSKI		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 1111 ORONOCO STREET		Transaction ID : SB23.7029
City ALEXANDRIA	State VA	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 522.61
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. JONATHAN J WACLAWSKI		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 1111 ORONOCO STREET		Transaction ID : SB23.6836
City ALEXANDRIA	State VA	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8224.48
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. MARK WAGAR		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2015
Mailing Address 2307 FENTON PARKWAY		Transaction ID : SB23.6890
City SAN DIEGO	State CA	
Purpose of Disbursement WAGAR 9/9 RIEMBURSEMENT: PER DIEMS		Amount of Each Disbursement this Period 300.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 522.61

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. MARK WAGAR

Full Name (Last, First, Middle Initial)

Mailing Address 2307 FENTON PARKWAY

City SAN DIEGO State CA Zip Code 92108

Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2015

Transaction ID : SB23.7030

Amount of Each Disbursement this Period: 355.76

Category/Type

B. ALEXANDER N WALKER

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 30 / 2015

Transaction ID : SB23.6838

Amount of Each Disbursement this Period: 758.11

Category/Type

[MEMO ITEM]

C. ALEXANDER N WALKER

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 15 / 2015

Transaction ID : SB23.6841

Amount of Each Disbursement this Period: 768.55

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 355.76

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. ALEXANDER N WALKER

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 31 / 2015

Transaction ID : **SB23.6843**

Amount of Each Disbursement this Period
773.87

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. ALEXANDER N WALKER

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 13 / 2015

Transaction ID : **SB23.6845**

Amount of Each Disbursement this Period
768.55

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. ALEXANDER N WALKER

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
08 / 28 / 2015

Transaction ID : **SB23.6847**

Amount of Each Disbursement this Period
773.87

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALEXANDER N WALKER		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6849
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 768.55	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ALEXANDER N WALKER		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6851
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 211.97	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. MATTHEW DAVID WALKER		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6840
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 763.33	
Purpose of Disbursement INSPERITY 06/30 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MATTHEW DAVID WALKER		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6842
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 768.55
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. MATTHEW DAVID WALKER		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6844
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 773.87
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. MATTHEW DAVID WALKER		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6846
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 768.55
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. MATTHEW DAVID WALKER

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2015

Transaction ID : SB23.6848

Amount of Each Disbursement this Period: 773.87

[MEMO ITEM]

B. MATTHEW DAVID WALKER

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2015

Transaction ID : SB23.6850

Amount of Each Disbursement this Period: 768.55

[MEMO ITEM]

C. MATTHEW DAVID WALKER

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2015

Transaction ID : SB23.6852

Amount of Each Disbursement this Period: 211.97

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. WALMART

Full Name (Last, First, Middle Initial)
Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2015

Transaction ID : SB23.6191

Amount of Each Disbursement this Period: 2.54

[MEMO ITEM]

B. WALMART

Full Name (Last, First, Middle Initial)
Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2015

Transaction ID : SB23.6192

Amount of Each Disbursement this Period: 29.94

[MEMO ITEM]

C. WALMART

Full Name (Last, First, Middle Initial)
Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
LUKACH 09/09 REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 14 / 2015

Transaction ID : SB23.6199

Amount of Each Disbursement this Period: 18.54

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6195
City BENTONVILLE	State AR	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 16.32
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6196
City BENTONVILLE	State AR	
Purpose of Disbursement HANNA 09/24 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 8.16
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6200
City BENTONVILLE	State AR	
Purpose of Disbursement MARTIN 08/07 REIMBURSEMENT: EVENT STAGING EXPENSE		Amount of Each Disbursement this Period 44.18
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement MM / DD / YYYY 07 / 16 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6198
City BENTONVILLE	State AR Zip Code 72716	
Purpose of Disbursement HERSHNER 08/07 REIMBURSEMENT: TRAVEL: OTHER	Category/Type	Amount of Each Disbursement this Period 13.46
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6189
City BENTONVILLE	State AR Zip Code 72716	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: MEETING EXPENSE: MEALS	Category/Type	Amount of Each Disbursement this Period 115.85
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement MM / DD / YYYY 07 / 18 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6190
City BENTONVILLE	State AR Zip Code 72716	
Purpose of Disbursement CRUZ 09/24 REIMBURSEMENT: MEETING EXPENSE: MEALS	Category/Type	Amount of Each Disbursement this Period 60.81
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	[MEMO ITEM]
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6203
City BENTONVILLE	State AR	
Purpose of Disbursement RHODEN 08/07 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 18.92
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6193
City BENTONVILLE	State AR	
Purpose of Disbursement GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER		Amount of Each Disbursement this Period 24.72
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6187
City BENTONVILLE	State AR	
Purpose of Disbursement BERUBE 08/07 REIMBURSEMENT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 20.20
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. WALMART

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
CORNELL 09/09 REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 06 / 2015

Transaction ID : **SB23.6188**

Amount of Each Disbursement this Period
40.37

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. WALMART

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
GALLATIN 09/09 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 21 / 2015

Transaction ID : **SB23.6194**

Amount of Each Disbursement this Period
21.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. WALMART

Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement
HANNA 09/24 REIMBURSEMENT: TRAVEL: OTHER

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
08 / 27 / 2015

Transaction ID : **SB23.6197**

Amount of Each Disbursement this Period
17.18

[MEMO ITEM]

Subtotal Of Receipts This Page (optional).....→ 0.00

Total This Period (last page this line number only).....→

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:
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<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement MM / DD / YYYY 09 / 04 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6204
City BENTONVILLE	State AR	
Purpose of Disbursement YOUNG 09/24 REIMBURSEMENT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 6.68
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6201
City BENTONVILLE	State AR	
Purpose of Disbursement NEITZEL 09/24 REIMBURSEMENT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 46.97
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. WALMART		Date of Disbursement MM / DD / YYYY 09 / 15 / 2015
Mailing Address 702 SW 8TH ST		Transaction ID : SB23.6202
City BENTONVILLE	State AR	
Purpose of Disbursement NEITZEL 09/24 REIMBURSEMENT: OFFICE SUPPLIES		Amount of Each Disbursement this Period 13.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. WASTE MANAGEMENT

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 4648

City CAROL STREAM State IL Zip Code 60197

Purpose of Disbursement
UTILITIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
09 / 03 / 2015

Transaction ID : SB23.6206

Amount of Each Disbursement this Period
1015.75

Category/Type

B. ANNE ALLEN WELDEN

Full Name (Last, First, Middle Initial)
Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 06/30 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
06 / 30 / 2015

Transaction ID : SB23.6854

Amount of Each Disbursement this Period
3359.85

Category/Type

[MEMO ITEM]

C. ANNE ALLEN WELDEN

Full Name (Last, First, Middle Initial)
Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/15 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY
07 / 15 / 2015

Transaction ID : SB23.6855

Amount of Each Disbursement this Period
3692.95

Category/Type

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 1015.75

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. ANNE ALLEN WELDEN

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 07/31 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2015

Transaction ID : SB23.6856

Amount of Each Disbursement this Period: 4375.81

[MEMO ITEM]

B. ANNE ALLEN WELDEN

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/13 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 13 / 2015

Transaction ID : SB23.6857

Amount of Each Disbursement this Period: 3917.35

[MEMO ITEM]

C. ANNE ALLEN WELDEN

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2015

Transaction ID : SB23.6858

Amount of Each Disbursement this Period: 3941.97

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ANNE ALLEN WELDEN		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6859
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3917.35	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. ANNE ALLEN WELDEN		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6860
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1832.98	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Candidate Name Category/ Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. WEST COAST AUDIO VISUAL LLC		Date of Disbursement MM / DD / YYYY 08 / 19 / 2015
Mailing Address 1545 INDUSTRIAL WAY		Transaction ID : SB23.6208
City SPARKS State NV Zip Code 89431	Amount of Each Disbursement this Period 215.45	
Purpose of Disbursement EVENT STAGING EXPENSE	Candidate Name Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 215.45

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WESTIN HOTEL		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address ONE STARPOINT		Transaction ID : SB23.6210
City STAMFORD	State CT	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 787.14
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. WESTIN HOTEL		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address ONE STARPOINT		Transaction ID : SB23.6211
City STAMFORD	State CT	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 607.83
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. WESTIN HOTEL		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address ONE STARPOINT		Transaction ID : SB23.6212
City STAMFORD	State CT	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING		Amount of Each Disbursement this Period 393.57
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial)
A. WESTIN HOTEL

Mailing Address **ONE STARPOINT**

City **STAMFORD** State **CT** Zip Code **06902**

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 22 / 2015

Transaction ID : SB23.6213

Amount of Each Disbursement this Period
393.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. WESTIN HOTEL

Mailing Address **ONE STARPOINT**

City **STAMFORD** State **CT** Zip Code **06902**

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 22 / 2015

Transaction ID : SB23.6214

Amount of Each Disbursement this Period
393.57

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
C. WESTIN HOTEL

Mailing Address **ONE STARPOINT**

City **STAMFORD** State **CT** Zip Code **06902**

Purpose of Disbursement
DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 22 / 2015

Transaction ID : SB23.6215

Amount of Each Disbursement this Period
393.57

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... **0.00**

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WESTIN HOTEL		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address ONE STARPOINT		Transaction ID : SB23.6216
City STAMFORD State CT Zip Code 06902	Amount of Each Disbursement this Period 393.57	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/28: TRAVEL: LODGING	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. WESTMARK PROPERTIES INC.		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 3328 109TH STREET		Transaction ID : SB23.6218
City URBANDALE State IA Zip Code 50322	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement RENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. WESTMARK PROPERTIES INC.		Date of Disbursement MM / DD / YYYY 08 / 05 / 2015
Mailing Address 3328 109TH STREET		Transaction ID : SB23.6219
City URBANDALE State IA Zip Code 50322	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement RENT	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 12000.00

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WESTMARK PROPERTIES INC.		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 3328 109TH STREET		Transaction ID : SB23.6220
City URBANDALE	State IA	
Purpose of Disbursement RENT	Candidate Name	Amount of Each Disbursement this Period 6000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) B. WESTMARK PROPERTIES INC.		Date of Disbursement MM / DD / YYYY 09 / 03 / 2015
Mailing Address 3328 109TH STREET		Transaction ID : SB23.6221
City URBANDALE	State IA	
Purpose of Disbursement UTILITIES	Candidate Name	Amount of Each Disbursement this Period 568.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Full Name (Last, First, Middle Initial) C. JONATHAN WETZEL		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6862
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	Amount of Each Disbursement this Period 3089.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: _____ District: _____	Category/Type	

Subtotal Of Receipts This Page (optional)..... 6568.86

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JONATHAN WETZEL		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6863
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4244.22	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. JONATHAN WETZEL		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7033
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 279.26	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. JONATHAN WETZEL		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6864
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4206.37	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 279.26

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. JONATHAN WETZEL

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 08/28 PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2015

Transaction ID : SB23.6865

Amount of Each Disbursement this Period: 4224.22

[MEMO ITEM]

B. JONATHAN WETZEL

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
REIMBURSEMENT: SEE MEMO ENTRIES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 09 / 2015

Transaction ID : SB23.7034

Amount of Each Disbursement this Period: 138.80

C. JONATHAN WETZEL

Full Name (Last, First, Middle Initial)

Mailing Address 1802 PANKRATZ STREET

City MADISON State WI Zip Code 53704

Purpose of Disbursement
INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 14 / 2015

Transaction ID : SB23.6866

Amount of Each Disbursement this Period: 4077.29

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 138.80

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JONATHAN WETZEL		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7035
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 524.16	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. JONATHAN WETZEL		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6867
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 3972.81	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. WI DEPT OF ADMINISTRATION		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address PO BOX 7864		Transaction ID : SB23.6223
City MADISON State WI Zip Code 53707	Amount of Each Disbursement this Period 14377.62	
Purpose of Disbursement SECURITY SERVICES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 14901.78

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WILAND INC.		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 6309 MONARCH PARK PLACE		Transaction ID : SB23.6228
City NIWOT	State CO	
Purpose of Disbursement LIST RENTAL	Category/ Type	Amount of Each Disbursement this Period 17684.58
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial) B. WILDWOOD LODGE - PEWAUKEE		Date of Disbursement MM / DD / YYYY 07 / 14 / 2015
Mailing Address N14 TOWER PL# W24121		Transaction ID : SB23.6230
City PEWAUKEE	State WI	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: TRAVEL: LODGING	Category/ Type	Amount of Each Disbursement this Period 7834.83
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. RICHARD J WILEY		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6869
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 06/30 PAYROLL/TAXES & BENEFITS	Category/ Type	Amount of Each Disbursement this Period 7396.99
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

[MEMO ITEM]

Subtotal Of Receipts This Page (optional)..... 17684.58

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RICHARD J WILEY		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6870
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8119.77
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. RICHARD J WILEY		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6871
City MADISON	State WI	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8129.42
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. RICHARD J WILEY		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6872
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8119.77
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RICHARD J WILEY		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6873
City MADISON	State WI	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8129.42
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. RICHARD J WILEY		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6874
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 8119.77
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. RICHARD J WILEY		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6875
City MADISON	State WI	
Purpose of Disbursement INSPERITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 3895.36
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. RICK WILEY		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7037
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 822.46	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. RICK WILEY		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7038
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1171.06	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. RICK WILEY		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7039
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4756.74	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 6750.26

Total This Period (last page this line number only).....

SCHEDULE B-P ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. WISTIA INC		Date of Disbursement MM / DD / YYYY 07 / 06 / 2015
Mailing Address 430 MARRETT RD		Transaction ID : SB23.6238
City LEXINGTON	State MA	
Purpose of Disbursement DINERS CLUB MASTERCARD 07/23: SOFTWARE		Amount of Each Disbursement this Period 25.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. WISTIA INC		Date of Disbursement MM / DD / YYYY 08 / 25 / 2015
Mailing Address 430 MARRETT RD		Transaction ID : SB23.6239
City LEXINGTON	State MA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/08 PMT: TECHNICAL SERVICES		Amount of Each Disbursement this Period 300.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ALDEN WOOD		Date of Disbursement MM / DD / YYYY 06 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6877
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 06/30 PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4065.50
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALDEN WOOD		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6878
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4463.76	
Purpose of Disbursement INSPERITY 07/15 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ALDEN WOOD		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6879
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4488.84	
Purpose of Disbursement INSPERITY 07/31 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ALDEN WOOD		Date of Disbursement MM / DD / YYYY 08 / 07 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7040
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 8217.27	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 8217.27

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALDEN WOOD		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6880
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4463.76	
Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. ALDEN WOOD		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6881
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 4488.84	
Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	Candidate Name	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. ALDEN WOOD		Date of Disbursement MM / DD / YYYY 09 / 09 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7041
City MADISON State WI Zip Code 53704	Amount of Each Disbursement this Period 1149.14	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Subtotal Of Receipts This Page (optional)..... 1149.14

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ALDEN WOOD		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6882
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/14 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 4463.76
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. ALDEN WOOD		Date of Disbursement MM / DD / YYYY 09 / 24 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.7042
City MADISON	State WI	
Purpose of Disbursement REIMBURSEMENT: SEE MEMO ENTRIES		Amount of Each Disbursement this Period 234.41
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ALDEN WOOD		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6883
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 2085.23
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 234.41

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MONICA E YOUNG		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6885
City MADISON State WI Zip Code 53704	Purpose of Disbursement INSPERITY 08/13 PAYROLL/TAXES & BENEFITS	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 2767.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. MONICA E YOUNG		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6886
City MADISON State WI Zip Code 53704	Purpose of Disbursement INSPERITY 08/28 PAYROLL/TAXES & BENEFITS	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 2796.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. MONICA E YOUNG		Date of Disbursement MM / DD / YYYY 09 / 14 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6887
City MADISON State WI Zip Code 53704	Purpose of Disbursement INSPERITY 09/14 PMT: PAYROLL/TAXES & BENEFITS	
Candidate Name	Category/Type	Amount of Each Disbursement this Period 2786.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. MONICA E YOUNG		Date of Disbursement MM / DD / YYYY 09 / 30 / 2015
Mailing Address 1802 PANKRATZ STREET		Transaction ID : SB23.6888
City MADISON	State WI	
Purpose of Disbursement INSPIRITY 09/30 PMT: PAYROLL/TAXES & BENEFITS		Amount of Each Disbursement this Period 1282.12
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. ZOHOCORP		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 4141 HACIENDA DRIVE		Transaction ID : SB23.6241
City PLEASANTON	State CA	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES		Amount of Each Disbursement this Period 99.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ZOHOCORP		Date of Disbursement MM / DD / YYYY 07 / 31 / 2015
Mailing Address 4141 HACIENDA DRIVE		Transaction ID : SB23.6243
City PLEASANTON	State CA	
Purpose of Disbursement DINERS CLUB MASTERCARD 09/03 PMT: TECHNICAL SERVICES		Amount of Each Disbursement this Period 10.00
Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ZOHO CORP		Date of Disbursement MM / DD / YYYY 08 / 13 / 2015
Mailing Address 4141 HACIENDA DRIVE		Transaction ID : SB23.6242
City PLEASANTON State CA Zip Code 94588	Amount of Each Disbursement this Period 99.00	
Purpose of Disbursement BOLDING 09/24 REIMBURSEMENT: TECHNICAL SERVICES	Category/Type	[MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Subtotal Of Receipts This Page (optional)..... 0.00

Total This Period (last page this line number only)..... 6370531.40

**SCHEDULE B-P
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"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. ERIC BORGERDING		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 325 GLACIER RIDGE TRAIL		Transaction ID : SB28A.6905
City VERONA State WI Zip Code 53593	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement RETURNED CONTRIBUTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JUDIE COURI		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 1215 SEITZ DRIVE		Transaction ID : SB28A.6917
City WAUKESHA State WI Zip Code 53186	Amount of Each Disbursement this Period 510.00	
Purpose of Disbursement RETURNED CONTRIBUTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ANDREW DAVIS		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 2525 S SHORE DRIVE, 7C		Transaction ID : SB28A.6921
City MILWAUKEE State WI Zip Code 53207	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement RETURNED CONTRIBUTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 1760.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2678 / 2684

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. JULIANNE GUBASH		Date of Disbursement MM / DD / YYYY 09 / 11 / 2015
Mailing Address 1380 25TH STREET		Transaction ID : SB28A.6952
City HOULTON State WI Zip Code 54082	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement RETURNED CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. CURT HAMES		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address PO BOX 217		Transaction ID : SB28A.6956
City MARION State IA Zip Code 52302	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement RETURNED CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. CLAUDIA SMITH		Date of Disbursement MM / DD / YYYY 09 / 02 / 2015
Mailing Address 1020 VICTORIAN LANE		Transaction ID : SB28A.7016
City PLOVER State WI Zip Code 54467	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement RETURNED CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 8700.00

Total This Period (last page this line number only).....

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. DONNA STEPHENSON		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address PO BOX 43326		Transaction ID : SB28A.7018
City ATLANTA State GA Zip Code 30336	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement RETURNED CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. JAMES STEPHENSON		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address PO BOX 43326		Transaction ID : SB28A.7020
City ATLANTA State GA Zip Code 30336	Amount of Each Disbursement this Period 2700.00	
Purpose of Disbursement RETURNED CONTRIBUTION	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 5400.00

Total This Period (last page this line number only)..... 15860.00

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2680 / 2684

<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27a
<input type="checkbox"/> 27b	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FRIENDS OF DOUG EVERETT		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address 24105 PLANTATION DRIVE		Transaction ID : SB28C.4907
City ATLANTA State GA Zip Code 30324	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement RETURNED CONTRIBUTION	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/ Type	
Purpose of Disbursement	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 5000.00

Total This Period (last page this line number only)..... 5000.00

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
CONNECTIVIST MEDIA

Nature of Debt (Purpose):
 ONLINE ADVERTISING

Mailing Address 544 E OGDEN AVE
 #700-161

City State Zip Code
 MILWAUKEE WI 53202

Outstanding Balance Beginning This Period

Transaction ID : SD12.4105

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
EXACT DRIVE INC.

Nature of Debt (Purpose):
 ONLINE ADVERTISING

Mailing Address PO BOX 1575

City State Zip Code
 MINNEAPOLIS MN 55480

Outstanding Balance Beginning This Period

Transaction ID : SD12.4107

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
INSTY-PRINTS

Nature of Debt (Purpose):
 PRINTING AND DESIGN SERVICES

Mailing Address 2 E MIFFLIN STREET

City State Zip Code
 MADISON WI 53703

Outstanding Balance Beginning This Period

Transaction ID : SD12.4109

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
- 2) **TOTALS** This Period (last page this line number only)
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MAJIC PRODUCTIONS INC.

Nature of Debt (Purpose):
EVENT STAGING EXPENSE

Mailing Address **21365 GATEWAY COURT**
#100

City State Zip Code
BROOKFIELD WI 53045

Outstanding Balance Beginning This Period

Transaction ID : **SD12.4111**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MARA DARROW PHOTOGRAPHY

Nature of Debt (Purpose):
PHOTOGRAPHY SERVICES

Mailing Address **6821 VALHALLA WAY**

City State Zip Code
WINDERMERE FL 34786

Outstanding Balance Beginning This Period

Transaction ID : **SD12.4113**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MASENG COMMUNICATIONS

Nature of Debt (Purpose):
COMMUNICATIONS CONSULTING

Mailing Address **11309 BAROQUE ROAD**

City State Zip Code
SILVER SPRING MD 20901

Outstanding Balance Beginning This Period

Transaction ID : **SD12.4125**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
- 2) **TOTALS** This Period (last page this line number only)
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MMA EVENTS LLC

Nature of Debt (Purpose):
EVENT STAGING EXPENSE

Mailing Address **1851 SOUTH CLUB DRIVE**

City State Zip Code
HYATTSVILLE MD 20785

Outstanding Balance Beginning This Period

Transaction ID : **SD12.4115**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
STREETER PRINTING

Nature of Debt (Purpose):
PRINTING AND DESIGN SERVICE

Mailing Address **9880 VIA PASAR**
SUITE C

City State Zip Code
SAN DIEGO CA 92126

Outstanding Balance Beginning This Period

Transaction ID : **SD12.4117**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE UNION LEAGUE CLUB

Nature of Debt (Purpose):
FACILITY RENTAL/CATERING SERVICES

Mailing Address **38 EAST 37TH STREET**

City State Zip Code
NEW YORK NY 10016

Outstanding Balance Beginning This Period

Transaction ID : **SD12.4119**

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
- 2) **TOTALS** This Period (last page this line number only)
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only).....

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 12

NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WAUKESHA COUNTY EXPO CENTER

Nature of Debt (Purpose):
FACILITY RENTAL

Mailing Address **1000 NORTHVIEW ROAD**

City State Zip Code
WAUKESHA WI 53188

Outstanding Balance Beginning This Period

Transaction ID : SD12.4121

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
WRIGHT DIRECTION CONSULTING

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **PO BOX 902**

City State Zip Code
CHESTERFIELD WI 63006

Outstanding Balance Beginning This Period

Transaction ID : SD12.4123

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="16276.17"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="161133.45"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only).....	<input type="text" value="161133.45"/>