

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 WI 53562

CITY STATE 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)
- 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 on

Twelfth day report preceding election on in the State of

Is this Report an Amendment? yes no

5. Covering Period 06 / 01 / 2016 through 06 / 30 / 2016

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 07 / 20 / 2016

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							
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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="28905.66"/>
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	<input type="text" value="147895.77"/>
8. SUBTOTAL (Lines 6 and 7)	<input type="text" value="176801.43"/>
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)	<input type="text" value="97849.46"/>
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8.....)	<input type="text" value="78951.97"/>
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="734675.95"/>
13. EXPENDITURES SUBJECT TO LIMITATION	<input type="text" value="203984.29"/>

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="7809456.65"/>
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2).....	<input type="text" value="8081033.80"/>

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 / 01 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

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	26399.00	5301831.54
(ii) unitemized	9105.00	2908358.11
(iii) Total contributions	35504.00	8210189.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	53100.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	35504.00	8263289.65
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	0.00	64726.19
(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))	0.00	64726.19
21. OTHER RECEIPTS (Dividends, Interest, etc.)	112391.77	350529.12
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	147895.77	8678544.96

DETAILED SUMMARY PAGE
of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

SCOTT WALKER INC

Report Covering the Period: From:

M M / D D / Y Y Y Y
06 / 01 / 2016

To:

M M / D D / Y Y Y Y
06 / 30 / 2016

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

23. OPERATING EXPENDITURES.....	91374.46	8145759.99
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.....	6475.00	448833.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	6475.00	453833.00
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	97849.46	8599592.99

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 WI 53562

CITY

STATE

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

**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

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)
BRENT BAKER

Mailing Address 4090 CHAMPIONSHIP CT

City State Zip Code
ANNANDALE VA 22003

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MEDIA RESEARCH CENTER EDITOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.146847

Date of Receipt
 /

Amount of Each Receipt this Period

Memo Item

B. 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.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.146815

Date of Receipt
 /

Amount of Each Receipt this Period

Memo Item

C. 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.

Name of Employer Occupation
AURORA MEDICAL CENTER PHYSICIAN
WASHINGTON COUNTY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.146852

Date of Receipt
 /

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:

PAGE 9 / 45

(check only one)

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1220.00

Transaction ID : SA17A.146862

Date of Receipt
MM / DD / YYYY
06 / 06 / 2016

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 7002 YATES FORD ROAD

City State Zip Code
MANASSAS VA 20111

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

Name of Employer Occupation
C&A POOLS BUILDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
210.00

Transaction ID : SA17A.147004

Date of Receipt
MM / DD / YYYY
06 / 13 / 2016

Amount of Each Receipt this Period
10.00

Memo Item

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

Mailing Address 7002 YATES FORD ROAD

City State Zip Code
MANASSAS VA 20111

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

Name of Employer Occupation
C&A POOLS BUILDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Transaction ID : SA17A.147031

Date of Receipt
MM / DD / YYYY
06 / 20 / 2016

Amount of Each Receipt this Period
10.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ 120.00

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

SCHEDULE A-P ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 7002 YATES FORD ROAD

City	State	Zip Code
MANASSAS	VA	20111

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

Name of Employer	Occupation
C&A POOLS	BUILDER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 230.00

Transaction ID : SA17A.147062

Date of Receipt

M M / D D / Y Y Y Y
06 / 27 / 2016

Amount of Each Receipt this Period

_____ 10.00

Memo Item

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

Mailing Address 3601 WEST ALBION AVENUE

City	State	Zip Code
LINCOLNWOOD	IL	60712

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

Name of Employer	Occupation
SELF-EMPLOYED	NURSING HOME OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 _____ 2500.00

Transaction ID : SA17A.147092

Date of Receipt

M M / D D / Y Y Y Y
06 / 29 / 2016

Amount of Each Receipt this Period

_____ 2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CHARLOTTE H DAVIS

Mailing Address 130 GLEN EAGLE WAY

City	State	Zip Code
MCDONOUGH	GA	30253

FEC ID 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.147035

Date of Receipt

M M / D D / Y Y Y Y
06 / 20 / 2016

Amount of Each Receipt this Period

_____ 150.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **2660.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 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 DONOHUE		Transaction ID : SA17A.146831
Mailing Address 7 VICKSBURG CT		Date of Receipt MM / DD / YYYY 06 / 02 / 2016
City MADISON	State WI	Zip Code 53718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 320.00	

B. Full Name (Last, First, Middle Initial) JEROME M FISHER		Transaction ID : SA17A.146921
Mailing Address 15 BAYSIDE DRIVE		Date of Receipt MM / DD / YYYY 06 / 08 / 2016
City MADISON	State WI	Zip Code 53704
FEC ID number of contributing federal political committee. C		EXCESS TO BE REATTRIBUTED
Name of Employer RETIRED	Occupation RETIRED	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 ▼ 3000.00	<input type="checkbox"/> Memo Item

C. Full Name (Last, First, Middle Initial) LEON FLORSCHUETZ		Transaction ID : SA17A.147081
Mailing Address 2625 E SOUTHERN AVE C234		Date of Receipt MM / DD / YYYY 06 / 29 / 2016
City TEMPE	State AZ	Zip Code 85282
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 49.00
Name of Employer RETIRED	Occupation RETIRED	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 248.00	

Subtotal Of Receipts This Page (optional).....▶ **1149.00**

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 507 PRINCE ALBERT STREET SE

City State Zip Code
KENTWOOD MI 49548

FEC ID number of contributing federal political committee.

Name of Employer Occupation
USPS MAIL HANDLER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.147040

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2016			

Amount of Each Receipt this Period

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

Memo Item

B. Full Name (Last, First, Middle Initial)
LOUIS FRIEDRICH

Mailing Address 188 E 78TH ST

City State Zip Code
NEW YORK NY 10075

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.146916

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			07			2016			

Amount of Each Receipt this Period

<input type="text" value="750.00"/>

Memo Item

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

Mailing Address 7062 VALLEY GREENS CIRCLE

City State Zip Code
CARMEL CA 93923

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.147083

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2016			

Amount of Each Receipt this Period

<input type="text" value="25.00"/>

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)
VERN H GUMZ

Mailing Address 220 10TH ST S

City State Zip Code
WISCONSIN RAP WI 54494

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.146988

Date of Receipt
M M / D D / Y Y Y Y
06 / 13 / 2016

Amount of Each Receipt this Period

Memo Item

B. 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.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.147084

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2016

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
MR. JAREN E HILLER

Mailing Address 748 W LARAMIE LANE

City State Zip Code
MILWAUKEE WI 53217

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BACH AND HILLER MANAGEMENT, INC. REAL ESTATE INVESTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.146932

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2016

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)
ANDREW HOYLE

Mailing Address **63 CHAMPION VILLA DRIVE**

City **HOUSTON** State **TX** Zip Code **77069**

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

Name of Employer **EOG RESOURCES INC** Occupation **OIL & GAS MARKETING**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.146860

Date of Receipt
M M / D D / Y Y Y Y
06 / 04 / 2016

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
DIANA HUDGENS

Mailing Address **7812 HARDWICK DR**

City **RALEIGH** State **NC** Zip Code **27615**

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

Name of Employer **SELF-EMPLOYED** Occupation **REAL ESTATE AGENT**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Transaction ID : SA17A.147011

Date of Receipt
M M / D D / Y Y Y Y
06 / 16 / 2016

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address **2719 TIHART WAY**

City **BEAVERCREEK** State **OH** Zip Code **45430**

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

Name of Employer **USAF WRIGHT-PATTERSON** Occupation **ENGINEER**

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
225.00

Transaction ID : SA17A.146839

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2016

Amount of Each Receipt this Period
50.00

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)
JAMES HULL

Mailing Address 2127 TURNBERRY WAY

City	State	Zip Code
WOODSTOCK	MD	21163

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.146873

Date of Receipt

M M / D D / Y Y Y Y
06 / 06 / 2016

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

Memo Item

B. Full Name (Last, First, Middle Initial)
LAWERENCE D JONES

Mailing Address 7489 N WINDY WALK WAY

City	State	Zip Code
PRESCOTT VALLEY	AZ	86315

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.146999

Date of Receipt

M M / D D / Y Y Y Y
06 / 13 / 2016

Amount of Each Receipt this Period

<input type="text" value="200.00"/>

Memo Item

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

Mailing Address 321 MORRIS ST. APT. 1

City	State	Zip Code
PEWAUKEE	WI	53072

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.146926

Date of Receipt

M M / D D / Y Y Y Y
06 / 08 / 2016

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

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)

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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)
CHRISTOPHER LANDERS

Mailing Address 375 POPLAR AVE

City State Zip Code
ELMHURST IL 60126

FEC ID number of contributing federal political committee.

Name of Employer Occupation
INTERACTIVE INTELLIGENCE COMPUTING CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.146817

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			01			2016			

Amount of Each Receipt this Period

<input type="text" value="100.00"/>

Memo Item

B. Full Name (Last, First, Middle Initial)
MARY A LEMBKE

Mailing Address 3084 BELLE RIVER DR

City State Zip Code
HACIENDA HEIG CA 91745

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.146867

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2016			

Amount of Each Receipt this Period

<input type="text" value="50.00"/>

Memo Item

C. Full Name (Last, First, Middle Initial)
BRIAN LEVINSON

Mailing Address 3133 SEMMIN

City State Zip Code
CHICAGO IL 60645

FEC ID number of contributing federal political committee.

Name of Employer Occupation
BEEZEE CONSULTING OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.147090

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			29			2016			

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:

PAGE 17 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
ANNA MAGENHEIM

Mailing Address 12685 W SCARBOROUGH COURT

City State Zip Code
NEW BERLIN WI 53151

FEC ID number of 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.146835

Date of Receipt

06 / 02 / 2016

Amount of Each Receipt this Period

85.00

Memo Item

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

Mailing Address 51 OLD TRAIL RD

City State Zip Code
WATER MILL NY 11976

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 ▼
600.00

Transaction ID : SA17A.146990

Date of Receipt

06 / 13 / 2016

Amount of Each Receipt this Period

200.00

Memo Item

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 ▼
375.00

Transaction ID : SA17A.146936

Date of Receipt

06 / 09 / 2016

Amount of Each Receipt this Period

50.00

Memo Item

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)
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 GENIS	MINISTER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.146967

Date of Receipt

M M / D D / Y Y Y Y
06 / 10 / 2016

Amount of Each Receipt this Period

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

Memo Item

B. Full Name (Last, First, Middle Initial)
RAMON OLSON

Mailing Address N31 W23110 GREEN ROAD

City	State	Zip Code
PEWAUKEE	WI	53072

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
GOLBE CONTRACTOR INC	CONTRACTOR

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.147067

Date of Receipt

M M / D D / Y Y Y Y
06 / 27 / 2016

Amount of Each Receipt this Period

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

Memo Item

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

Mailing Address 5477 S WESTRIDGE COURT

City	State	Zip Code
NEW BERLIN	WI	53151

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
SELF-EMPLOYED	VOLUNTEER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.147077

Date of Receipt

M M / D D / Y Y Y Y
06 / 29 / 2016

Amount of Each Receipt this Period

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

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)
MARY QUINN

Mailing Address 6540 W IRVING PARK ROAD, #40

City	State	Zip Code
CHICAGO	IL	60634

FEC ID 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.146818

Date of Receipt

M M / D D / Y Y Y Y
06 / 02 / 2016

Amount of Each Receipt this Period

_____ 70.00

Memo Item

B. Full Name (Last, First, Middle Initial)
EUGENE RAVIZZA

Mailing Address 300 S SAN ANTONIO RD

City	State	Zip Code
LOS ALTOS	CA	94022

FEC ID 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.146998

Date of Receipt

M M / D D / Y Y Y Y
06 / 13 / 2016

Amount of Each Receipt this Period

_____ 200.00

Memo Item

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 ▼
 _____ 478.00

Transaction ID : SA17A.146909

Date of Receipt

M M / D D / Y Y Y Y
06 / 07 / 2016

Amount of Each Receipt this Period

_____ 50.00

Memo Item

Subtotal Of Receipts This Page (optional).....▶ _____ 320.00

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

**SCHEDULE A-P
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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

Mailing Address 32078 S AGARITA DR

City ORACLE State AZ Zip Code 85623-7318

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.147082

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2016

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
DAVID G SHORE

Mailing Address 12100 COUNTY ROAD 8490

City NEWBURG State MO Zip Code 65550

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.147045

Date of Receipt
M M / D D / Y Y Y Y
06 / 22 / 2016

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 8645 HUNTING HILL DR

City MENTOR State OH Zip Code 44060

FEC ID number of contributing federal political committee.

Name of Employer KIRBY VACUUM Occupation INFORMATION TECHNOLOGY

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Transaction ID : SA17A.146877

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2016

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:

PAGE 21 / 45

(check only one)

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

Mailing Address 1478 NORIDGE TRAIL

City State Zip Code
PORT WASHINGTON WI 53074

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

Name of Employer Occupation
MARY STITT & ASSOCIATES CONSULTANT

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.147096

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
RUTH O STOVER

Mailing Address 3223 WOOD DALE ROAD

City State Zip Code
CHESTER VA 23831

FEC ID 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.146805

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
AARON TOPPER

Mailing Address 2817 WEST COYLE

City State Zip Code
CHICAGO IL 60645

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

Name of Employer Occupation
SELF-EMPLOYED NURSING HOME OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.147095

Date of Receipt

/ /

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:

PAGE 22 / 45

(check only one)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CECILIA TOPPER

Mailing Address **2817 WEST COYLE**

City State Zip Code
CHICAGO IL 60645

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

Name of Employer Occupation
SELF-EMPLOYED NURSING HOME OWNER

Receipt For: 2016
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.147094

Date of Receipt
M M / D D / Y Y Y Y
06 29 2016

Amount of Each Receipt this Period
2700.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MR. BERNARD F VAN DINTER

Mailing Address **8081 FIELDING LN**

City State Zip Code
GREENDALE WI 53129

FEC ID 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.146830

Date of Receipt
M M / D D / Y Y Y Y
06 02 2016

Amount of Each Receipt this Period
225.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JEAN WARDEN

Mailing Address **1659 STATE ROAD OO**

City State Zip Code
HOLTS SUMMIT MO 65043

FEC ID 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.146989

Date of Receipt
M M / D D / Y Y Y Y
06 13 2016

Amount of Each Receipt this Period
25.00

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)
LARRY W WEIDIG

Mailing Address 3819 S 18TH ST

City State Zip Code
SHEBOYGAN WI 53081

FEC ID 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.146826

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
AVRUM WENNFELD

Mailing Address 6841 N FRANCIS

City State Zip Code
CHICAGO IL 60645

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

Name of Employer Occupation
CAMBRIDGE EXECUTIVE

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Transaction ID : SA17A.147093

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
DENISE WISEMAN

Mailing Address 9810 STATE HIGHWAY 220

City State Zip Code
CASPER WY 82604

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Transaction ID : SA17A.146842

Date of Receipt

/ /

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)
JACK WOLF

Mailing Address 10 GRANDVIEW DRIVE

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 ▼
2500.00

Transaction ID : SA17A.147091

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

B. 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
MILWAUKEE COUNTY MD

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
275.00

Transaction ID : SA17A.147076

Date of Receipt

/ /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 776 WAGON WHEEL RD

City State Zip Code
GREENVILLE IL 62246

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

Name of Employer Occupation
WOODS BASEMENT SYSTEMS, INC SELF-EMPLOYED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Transaction ID : SA17A.146939

Date of Receipt

/ /

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)
DALE YOUNG

Mailing Address **PO BOX 31450**

City	State	Zip Code
AMARILLO	TX	79120

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

Name of Employer	Occupation
RETIRED	RETIRED

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025

400.00

Transaction ID : SA17A.147017

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	6

Amount of Each Receipt this Period

100.00

Memo Item

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 ▼
 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

--

Memo Item

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 ▼
 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Receipt this Period

--

Memo Item

Subtotal Of Receipts This Page (optional).....▶ **100.00**

Total This Period (last page this line number only).....▶ **26399.00**

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
CONNECTIVIST MEDIA

Mailing Address **544 E OGDEN AVE**
#700-161

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

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
34625.74

Transaction ID : SA21.147043

Date of Receipt
M M / D D / Y Y Y Y
06 / 21 / 2016

SALE OF EQUIPMENT - FAIR MARKET VALUE

Amount of Each Receipt this Period
16285.15

Memo Item

B. Full Name (Last, First, Middle Initial)
GRANITE LISTS

Mailing Address **PO BOX 262**

City **DUBLIN** State **NH** Zip Code **03444**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
230297.92

Transaction ID : SA21.146938

Date of Receipt
M M / D D / Y Y Y Y
06 / 09 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period
41303.29

Memo Item

C. Full Name (Last, First, Middle Initial)
GRANITE LISTS

Mailing Address **PO BOX 262**

City **DUBLIN** State **NH** Zip Code **03444**

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
245101.25

Transaction ID : SA21.147069

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period
14803.33

Memo Item

Subtotal Of Receipts This Page (optional)..... **72391.77**

Total This Period (last page this line number 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 27 / 45

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

A. Full Name (Last, First, Middle Initial)
GRANITE LISTS

Mailing Address PO BOX 262

City DUBLIN State NH Zip Code 03444

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 : SA21.147070

Date of Receipt
M M / D D / Y Y Y Y
06 / 27 / 2016

LIST RENTAL - FAIR MARKET VALUE

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

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

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

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

Memo Item

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. ACS SOUND & LIGHTING		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 110 LOTT COURT		Transaction ID : SB23.145513
City WEST COLUMBIA	State SC Zip Code 29169	
Purpose of Disbursement EVENT STAGING EXPENSE	Category/Type 101	Amount of Each Disbursement this Period 2500.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ASHBY LAW PLLC		Date of Disbursement MM / DD / YYYY 06 / 12 / 2016
Mailing Address 717 PRINCESS STREET		Transaction ID : SB23.145527
City ALEXANDRIA	State VA Zip Code 22314	
Purpose of Disbursement LEGAL CONSULTING	Category/Type	Amount of Each Disbursement this Period 1137.50
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ASPECT CONSULTING LLC		Date of Disbursement MM / DD / YYYY 06 / 04 / 2016
Mailing Address 8401 EXCELSIOR DRIVE #103		Transaction ID : SB23.145528
City MADISON	State WI Zip Code 53717	
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type	Amount of Each Disbursement this Period 5000.00
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	<input type="checkbox"/> Other (specify) ▼	

Subtotal Of Receipts This Page (optional)..... 8637.50

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. BKZ CONSULTING INC.		Date of Disbursement MM / DD / YYYY 06 / 12 / 2016
Mailing Address PO BOX 577832		Transaction ID : SB23.145514
City CHICAGO	State IL	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/ Type 101	Amount of Each Disbursement this Period 6500.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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 06 / 13 / 2016
Mailing Address 1 W MAIN STREET		Transaction ID : SB23.145529
City MADISON	State WI	
Purpose of Disbursement BANK FEES	Category/ Type	Amount of Each Disbursement this Period 166.80
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. BURCHFIELD ENTERPRISES LLC		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 633 W WILSON ST #419		Transaction ID : SB23.145530
City MADISON	State WI	
Purpose of Disbursement TECHNICAL SERVICES	Category/ Type	Amount of Each Disbursement this Period 1000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 7666.80

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)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. FLS CONNECT LLC		Date of Disbursement MM / DD / YYYY 06 / 04 / 2016
Mailing Address 7300 HUDSON BLVD #270		Transaction ID : SB23.145515
City SAINT PAUL State MN Zip Code 55128	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement TELEMARKETING AND DATA	Category/Type 101	<input type="checkbox"/> 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. GRANITE LISTS		Date of Disbursement MM / DD / YYYY 06 / 21 / 2016
Mailing Address PO BOX 262		Transaction ID : SB23.145532
City DUBLIN State NH Zip Code 03444	Amount of Each Disbursement this Period 794.72	
Purpose of Disbursement LIST RENTAL	Category/Type	<input type="checkbox"/> 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. GROUND GAME STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 12 / 2016
Mailing Address 300 HICKORY LANE		Transaction ID : SB23.145516
City MAULDIN State SC Zip Code 29662	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement FIELD CONSULTING	Category/Type 101	<input type="checkbox"/> 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)..... 18294.72

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)

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

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NAME OF COMMITTEE (In Full)
SCOTT WALKER INC

Full Name (Last, First, Middle Initial) A. INFORELIANCE		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address LEGATO RD		Transaction ID : SB23.145517
City FAIRFAX	State VA	
Purpose of Disbursement TECHNICAL SERVICES	Category/ Type 101	Amount of Each Disbursement this Period 5000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ISTREAM FINANCIAL SERVICES		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
Mailing Address 13555 BISHOPS COURT		Transaction ID : SB23.145533
City BROOKFIELD	State WI	
Purpose of Disbursement BANK FEES	Category/ Type	Amount of Each Disbursement this Period 134.74
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. JONES DAY		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address PO BOX 7805, BEN FRANKLIN STATION		Transaction ID : SB23.145518
City WASHINGTON	State DC	
Purpose of Disbursement LEGAL CONSULTING	Category/ Type 101	Amount of Each Disbursement this Period 5000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 10134.74

Total This Period (last page this line number 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. JUST WIN STRATEGIES		Date of Disbursement MM / DD / YYYY 06 / 12 / 2016
Mailing Address PO BOX 2561		Transaction ID : SB23.145519
City ALEXANDRIA	State VA	
Purpose of Disbursement FIELD CONSULTING	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="8000.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. MASENG COMMUNICATIONS		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 11309 BAROQUE ROAD		Transaction ID : SB23.145520
City SILVER SPRING	State MD	
Purpose of Disbursement COMMUNICATIONS CONSULTING	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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 06 / 12 / 2016
Mailing Address PO BOX 17079		Transaction ID : SB23.145521
City ARLINGTON	State VA	
Purpose of Disbursement COMMUNICATIONS CONSULTING	<input type="text" value="101"/>	Amount of Each Disbursement this Period <input type="text" value="8000.00"/>
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement 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. RED CURVE SOLUTIONS LLC		Date of Disbursement MM / DD / YYYY 06 / 12 / 2016
Mailing Address 138 CONANT STREET 2ND FLOOR		Transaction ID : SB23.145522
City BEVERLY State MA Zip Code 01915	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement COMPLIANCE SOFTWARE & DEVELOPMENT	Category/Type 101	<input type="checkbox"/> 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. SCM ASSOCIATES INC.		Date of Disbursement MM / DD / YYYY 06 / 12 / 2016
Mailing Address PO BOX 254		Transaction ID : SB23.145523
City DUBLIN State NH Zip Code 03444	Amount of Each Disbursement this Period 5897.70	
Purpose of Disbursement DIRECT MAIL PRINTING & POSTAGE	Category/Type 101	<input type="checkbox"/> 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. SHIRLEY & BANISTER PUBLIC AFFAIRS		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 122 S PATRICK STREET		Transaction ID : SB23.145524
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/Type 101	<input type="checkbox"/> 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)..... 10397.70

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. STRIPE		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
Mailing Address 529 14TH STREET NW #350		Transaction ID : SB23.145537
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. SUPERIOR STRATEGIES LLC		Date of Disbursement MM / DD / YYYY 06 / 12 / 2016
Mailing Address 717 KING STREET #205		Transaction ID : SB23.145525
City ALEXANDRIA	State VA	
Purpose of Disbursement FUNDRAISING CONSULTING	Candidate Name	Amount of Each Disbursement this Period 8000.00
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. THE CHAMPION GROUP		Date of Disbursement MM / DD / YYYY 06 / 04 / 2016
Mailing Address PO BOX 1651		Transaction ID : SB23.145538
City MADISON	State WI	
Purpose of Disbursement STRATEGY CONSULTING	Candidate Name	Amount of Each Disbursement this Period 2000.00
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)..... 10015.00

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

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. TUSK PRODUCTIONS LLC		Date of Disbursement MM / DD / YYYY 06 / 12 / 2016
Mailing Address 38 LAKEWOOD DRIVE		Transaction ID : SB23.145526
City DENVER	State NJ Zip Code 07834	
Purpose of Disbursement FUNDRAISING CONSULTING	Category/Type 101	Amount of Each Disbursement this Period 7500.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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 06 / 12 / 2016
Mailing Address 475 L'ENFANT PLAZA SW		Transaction ID : SB23.145539
City WASHINGTON	State DC Zip Code 20024	
Purpose of Disbursement POSTAGE	Category/Type	Amount of Each Disbursement this Period 228.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 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		
City	State Zip Code	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Subtotal Of Receipts This Page (optional)..... 7728.00

Total This Period (last page this line number only)..... 91374.46

**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. DAVID M LYNCH		Date of Disbursement MM / DD / YYYY 06 / 24 / 2016
Mailing Address 11308 N HICKORY WOODS COURT		Transaction ID : SB28A.145534
City DUNLAP	State IL	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) B. BARBARA ZORICH		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 1100 LOUISIANA #4900		Transaction ID : SB28A.145541
City HOUSTON	State TX	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2700.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) C. ROBERT ZORICH		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 1100 LOUISIANA #4900		Transaction ID : SB28A.145540
City HOUSTON	State TX	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2700.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Subtotal Of Receipts This Page (optional)..... 6400.00

Total This Period (last page this line number only)..... 6400.00

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
ACS SOUND & LIGHTING

Nature of Debt (Purpose):
 EVENT STAGING EXPENSE

Mailing Address 110 LOTT COURT

City State Zip Code
 WEST COLUMBIA SC 29169

Outstanding Balance Beginning This Period

Transaction ID : SD12.137408

14316.11

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

2500.00

11816.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
BKZ CONSULTING INC.

Nature of Debt (Purpose):
 FUNDRAISING CONSULTING

Mailing Address PO BOX 577832

City State Zip Code
 CHICAGO IL 60657

Outstanding Balance Beginning This Period

Transaction ID : SD12.137414

16500.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

6500.00

10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
COMMUNICATIONS CORPORATION OF AMERICA

Nature of Debt (Purpose):
 DIRECT MAIL PRINTING AND POSTAGE

Mailing Address 13195 FREEDOM WAY

City State Zip Code
 BOSTON VA 22713

Outstanding Balance Beginning This Period

Transaction ID : SD12.137416

27421.95

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

27421.95

- 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
DRUCKER LAWHON LLP

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **317 15TH STREET NE**

City State Zip Code
WASHINGTON DC 20002

Outstanding Balance Beginning This Period

Transaction ID : SD12.137419

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
FASTLY INC.

Nature of Debt (Purpose):
DIGITAL CONSULTING

Mailing Address **PO BOX 78266**

City State Zip Code
SAN FRANCISCO CA 94107

Outstanding Balance Beginning This Period

Transaction ID : SD12.137420

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
FLS CONNECT LLC

Nature of Debt (Purpose):
TELEMARKETING AND DATA

Mailing Address **7300 HUDSON BLVD #270**

City State Zip Code
SAINT PAUL MN 55128

Outstanding Balance Beginning This Period

Transaction ID : SD12.137421

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)
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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
GROUND GAME STRATEGIES

Nature of Debt (Purpose):
 FIELD CONSULTING

Mailing Address 300 HICKORY LANE

City State Zip Code
 MAULDIN SC 29662

Outstanding Balance Beginning This Period

10000.00

Transaction ID : SD12.137424

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

2500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
HARBINGER LLC

Nature of Debt (Purpose):
 EVENT CONSULTING

Mailing Address 1919 M STREET NW #200

City State Zip Code
 WASHINGTON DC 20036

Outstanding Balance Beginning This Period

19188.76

Transaction ID : SD12.137425

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

19188.76

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
INFORELIANCE

Nature of Debt (Purpose):
 TECHNICAL SERVICES

Mailing Address LEGATO RD

City State Zip Code
 FAIRFAX VA 22033

Outstanding Balance Beginning This Period

34815.38

Transaction ID : SD12.141566

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

29815.38

- 1) **SUBTOTALS** This Period This Page (optional)
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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
JONES DAY

Nature of Debt (Purpose):
LEGAL CONSULTING

Mailing Address **PO BOX 7805, BEN FRANKLIN STATION**

City State Zip Code
WASHINGTON DC 20044

Outstanding Balance Beginning This Period

Transaction ID : SD12.137430

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
JUST WIN STRATEGIES

Nature of Debt (Purpose):
FIELD CONSULTING

Mailing Address **PO BOX 2561**

City State Zip Code
ALEXANDRIA VA 22301

Outstanding Balance Beginning This Period

Transaction ID : SD12.137431

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)
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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
MAVERICK FINANCE

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **403 N SECOND STREET, 2ND FL**

City State Zip Code
HARRISBURG PA 17101

Outstanding Balance Beginning This Period

Transaction ID : SD12.137442

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
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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NEW RIVER RESEARCH INSTITUTE LLC

Nature of Debt (Purpose):
DATA MANAGEMENT SERVICES

Mailing Address **2150 COUNTRY CLUB ROAD #221**

City State Zip Code
WINSTON-SALEM NC 27104

Outstanding Balance Beginning This Period

Transaction ID : SD12.137445

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

- 1) **SUBTOTALS** This Period This Page (optional)
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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
POLITICODE

Nature of Debt (Purpose):
WEB DEVELOPMENT

Mailing Address **3 CIRCLE DRIVE**

City State Zip Code
CARMEL IN 46032

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137448**

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
PROSPECT STRATEGIC COMMUNICATIONS LLC

Nature of Debt (Purpose):
COMMUNICATIONS CONSULTING

Mailing Address **PO BOX 17079**

City State Zip Code
ARLINGTON VA 22216

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137451**

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
RED CURVE SOLUTIONS LLC

Nature of Debt (Purpose):
COMPLIANCE SOFTWARE & DEVELOPMENT

Mailing Address **138 CONANT STREET**
2ND FLOOR

City State Zip Code
BEVERLY MA 01915

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137452**

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)
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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
SCM ASSOCIATES INC.

Nature of Debt (Purpose):
DIRECT MAIL PRINTING AND POSTAGE

Mailing Address PO BOX 254

City State Zip Code
DUBLIN NH 03444

Outstanding Balance Beginning This Period

27092.27

Transaction ID : SD12.137454

Amount Incurred This Period

5897.70

Payment This Period

5897.70

Outstanding Balance at Close of This Period

27092.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SHARP POLITICS LLC

Nature of Debt (Purpose):
VIDEO PRODUCTION SERVICES

Mailing Address PO BOX 25122

City State Zip Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

39045.57

Transaction ID : SD12.137456

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39045.57

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
SHIRLEY & BANISTER PUBLIC AFFAIRS

Nature of Debt (Purpose):
COMMUNICATIONS CONSULTING

Mailing Address 122 S PATRICK STREET

City State Zip Code
ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

11051.80

Transaction ID : SD12.137457

Amount Incurred This Period

0.00

Payment This Period

2500.00

Outstanding Balance at Close of This Period

8551.80

- 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
SNOW PHOTOGRAPHY

Nature of Debt (Purpose):
 PHOTOGRAPHY SERVICES

Mailing Address PO BOX 34763

City State Zip Code
 WASHINGTON DC 20043

Outstanding Balance Beginning This Period

Transaction ID : SD12.137458

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
SUPERIOR STRATEGIES LLC

Nature of Debt (Purpose):
 FUNDRAISING CONSULTING

Mailing Address 717 KING STREET #205

City State Zip Code
 ALEXANDRIA VA 22314

Outstanding Balance Beginning This Period

Transaction ID : SD12.137459

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 LUKENS COMPANY

Nature of Debt (Purpose):
 DIRECT MAIL PRINTING AND POSTAGE

Mailing Address 2800 SHIRLINGTON ROAD
 9TH FLOOR

City State Zip Code
 ARLINGTON VA 22206

Outstanding Balance Beginning This Period

Transaction ID : SD12.137460

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
TUSK PRODUCTIONS LLC

Nature of Debt (Purpose):
FUNDRAISING CONSULTING

Mailing Address **38 LAKEWOOD DRIVE**

City State Zip Code
DENVILLE NJ 07834

Outstanding Balance Beginning This Period

Transaction ID : **SD12.137465**

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

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

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="3838.28"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="734675.95"/>
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="734675.95"/>